

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046877

ED VS JAN 9 1961 Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 50

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PARIS		Length of stay in lb 30 YRS.		c. CITY OR TOWN PARIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SHEARER ROOMING HOUSE				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) W. CALDWELL, ST.		
3. NAME OF DECEASED (Type or print) First STELLA Middle FRANCES Last DAWSON				4. DATE OF DEATH Month DEC. Day 29 Year 1960				
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/8/1931	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 11 Days 21	IF UNDER 24 HR Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSE			10b. KIND OF BUSINESS OR INDUSTRY NURSING		11. BIRTHPLACE (City and state or country) MONROE Co., MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME SMITH DAWSON			13b. MOTHER'S MAIDEN NAME MARTHA SANFORD			14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 487-46-3945		17. INFORMANT O. S. DAWSON Address PARIS, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 5 Days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerosis						DUE TO (c) hypertension		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour - a.m. - p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 11/24/60 to 12/29/60 and last saw her alive on 12/29/60 Death occurred at 12:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) E. H. Agnew M.D.				22b. ADDRESS Paris, Mo.		22c. DATE SIGNED 12/30/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-31-60		23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		23d. LOCATION (City, town, or county) PARIS, MO.		
24. FUNERAL DIRECTOR E. H. AGNEW ADDRESS PARIS, MO.				25. DATE RECD. BY LOCAL REG. 1/30/60		26. REGISTRAR'S SIGNATURE F. H. Barnett M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 5 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. H. [Signature]

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.