

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

318

Primary Registration District No. 1003

Registrar's No.

12369

-60-047782

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 24 hrs.	c. CITY OR TOWN Lebanon
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First ARDINELL	Middle LAVERNE	Last MYERS	Month DECEMBER	Day 21	Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/5/1912	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Dallas Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.	

13a. FATHER'S NAME W.L. Thurman		13b. MOTHER'S MAIDEN NAME Daisy Marlin		14. NAME OF HUSBAND OR WIFE Leo	
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. 487-24-2096		17. INFORMANT Mrs. Vieta Sheldon, Lebanon, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
IMMEDIATE CAUSE (a) SECOND AND THIRD DEGREE BURNS OF 65% OF BODY			
DUE TO (b) _____			
DUE TO (c) _____			

OK Paul J. Smith 12/16/60

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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) PATIENT BURNED BY POURING KEROSENE ON AN OPEN FIRE
20c. TIME OF INJURY 9:00 p.m.	Month, Day, Year 12/16/60	IN HER HOME

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	20f. CITY, TOWN, OR LOCATION RURAL ROUTE #2	COUNTY LEBANON	STATE MISSOURI
21. I attended the deceased from DEC. 20, 1960 to DEC. 21, 1960 and last saw her/him alive on DEC. 21, 1960		Death occurred at 4:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>C. O. Vermillion, M.D.</i>	(Degree or title) M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 12/22/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-24-60	23c. NAME OF CEMETERY OR CREMATORY Goodsprings Cemetery	23d. LOCATION (City, town, or county) Webster Co., Mo.
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24. FUNERAL DIRECTOR Holman Funeral Home, Lebanon, Mo.	25. DATE RECD. BY LOCAL REG. DEC 24 1960	26. REGISTRAR'S SIGNATURE <i>Paul J. Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 6 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer 1

Signed Elmo R. Padu

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.