

# R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048508

REGISTRATION DISTRICT NO. 354 PRIMARY REGISTRATION DISTRICT NO. 697 REGISTRAR'S NO. 76 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Texas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Texas</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Burdine twp.</b>		Length of stay in lb <b>19 yrs.</b>		c. CITY OR TOWN <b>Burdine twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 Mi. E. Cabool</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4 mi. E. Cabool</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Nettie</b> Middle <b>Josephine</b> Last <b>McCleary</b>				4. DATE OF DEATH Month <b>12</b> Day <b>23</b> Year <b>60</b>									
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-21-1868</b>		9. AGE (last birthday) <b>92</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <b>Tazwell, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Edward Stokley</b>				13b. MOTHER'S MAIDEN NAME <b>Luiza Bernard</b>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Frankie Wood, Cabool, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho pneumonia</b> DUE TO (b) <b>Emphysema AND pulmonary fibrosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>10 years</b>			
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"/> N- <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 <b>March 1956</b> to <b>December 23, 1960</b> and last saw her <b>alive on 12/23/60</b> Death occurred at <b>9:55</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Dr. L. Spears M.D.</b> (Degree or title)						22b. ADDRESS <b>Cabool, Mo.</b>			22c. DATE SIGNED <b>12/24/60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>12-26-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hazel Green Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Newton, County, Missouri</b>						
24. FUNERAL DIRECTOR <b>Elliott Gentry, Cabool, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12-24-60</b>		26. REGISTRAR'S SIGNATURE <b>Edynell Cunningham</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 James Kenter

Licensed Embalmer No. 4718

P. O. Address Calool, i

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.