

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048532

FILED IN JAN 3 1961

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 255 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 0-2-16	c. CITY OR TOWN ElBerado Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp # 3		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Unknown Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Fidelia Alice Laughery			4. DATE OF DEATH Month Day Year 12-27-60		
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 7/28/1868	9. AGE (last birthday) 92-4-29 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXX	11. BIRTHPLACE (City and state or country) Iowa	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Summers		13b. MOTHER'S MAIDEN NAME Minerva Whitaker		14. NAME OF HUSBAND OR WIFE Widowed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Admission Papers		

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 Vessel Disease		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atheromatous Sclerosis	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain syndrome with Psychosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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. 4:50am		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 Nevada, Mo.	COUNTY	STATE
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21. I attended the deceased from **October 11, 1960** to **December 27, 1960** and last saw her alive on **December 26, 1960**
Death occurred at **4:50am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or print) E. Allen Pickens, MD	22b. ADDRESS Nevada, Mo.	22c. DATE SIGNED 12/27/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-29-1960	23c. NAME OF CEMETERY OR CREMATORY El Dorado Spgs. Cem.	23d. LOCATION (City, town, or county) (State) El Dorado Springs, Mo.
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24. FUNERAL DIRECTOR Coynn-Carothers, El Dorado Spgs. Mo.	25. DATE RECD. BY LOCAL REG. Dec 29-1960	26. REGISTRAR'S SIGNATURE Anna E. Jerry
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1961

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 May W. Seckering

Licensed Embalmer No. 4696

P. O. Address El Dorado

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.