RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1960

-60-048538

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 249

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b: 2 mos 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital #3 — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 314 North West Avenue — Residence on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Eliza Middle: Last: Thompson

4. DATE OF DEATH: Month: December Day: 15 Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Dec 8, 1880
9. AGE (last birthday): 80 yrs
IF UNDER 1 YEAR: Months: 0 Days: 7 IF UNDER 24 HR: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse maid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Barrett
13b. MOTHER'S MAIDEN NAME: Sara Eliza Baldwin
14. NAME OF HUSBAND OR WIFE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Hospital Records Address:

MEDICAL CERTIFICATION

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 Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gen. Atherosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Psychosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Nov 14, 1960, to Dec 15, 1960 and last saw her/him alive on Dec 15, 1960
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. C. Bradley (Degree or title) MD
22b. ADDRESS: State Hospital #3 Nevada Mo
22c. DATE SIGNED: 12-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: December 16,
23c. NAME OF CEMETERY OR CREMATORY: 60 Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: Gorman Scharpf ADDRESS: Springfield Missouri
25. DATE RECD. BY LOCAL REG.: 12-24-1960
26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 28 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Percy F. Milster

Signature of Student Embalmer

Licensed Embalmer No. 488

P. O. Address Nevada

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