

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048872

FILED VS JAN 3 1 1961

Registration District No. 195 Primary Registration District No. \_\_\_\_\_ Registrar's No. 7-61 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>McDonahd</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>McDonahd</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HANAGAN</u>	Length of stay in 1b <u>25 Yrs</u>	c. CITY OR TOWN <u>HANAGAN</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>OTIS</u> Middle <u>MAYNARD</u> Last <u>WHITCOMB</u>			4. DATE OF DEATH Month <u>12</u> Day <u>27</u> Year <u>1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-31-1881</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RET</u>		11. BIRTHPLACE (City and state or country) <u>NATICK, MASS.</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>PERRY WHITCOMB</u>		13b. MOTHER'S MAIDEN NAME <u>JANE Mc GREGGORE</u>		14. NAME OF HUSBAND OR WIFE <u>DAISY WHITCOMB</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-03-6280</u>		17. INFORMANT <u>Mrs Daisy Whitcomb Hanagan</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
DUE TO (b) <u>Arteriosclerotic heart disease</u>		
DUE TO (c) _____		
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 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 checked="" 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 1958 to 12-27-61 and last saw him alive on 12-27-61  
Death occurred at 5:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>D.P. Fontaine M.D.</u>		22b. ADDRESS <u>2nd Mo</u>		22c. DATE SIGNED <u>1-23-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-31-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HANAGAN CEM</u>	23d. LOCATION (City, town, or county) (State) <u>HANAGAN Mo</u>	
24. FUNERAL DIRECTOR <u>Humphrey &amp; Son 7 N. W. 14</u>		25. DATE RECD. BY LOCAL REG. <u>1-24-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mary G. Bradley</u>	

M. 14 - (Licensed Embalmer's Statement on Reverse Side)

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 *J. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, T

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.