

R. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JAN 26 1961 33 3

-60-048920

STATE FILE NUMBER

Registration District No. Primary Registration District No. 3074 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston				Length of stay in lb 1 wk.		c. CITY OR TOWN Advance	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sikeston Community Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 1	
3. NAME OF DECEASED (Type or print) First Lillie Middle May Last Acord				4. DATE OF DEATH Month Dec. Day 4 Year 1960			
5. SEX Female		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 24, 1996	
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 10 Days 10		IF UNDER 24 HR Hours 10 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY household		11. BIRTHPLACE (City and state or country) Virginia	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME William Simmers				13b. MOTHER'S MAIDEN NAME Josephine Glover		14. NAME OF HUSBAND OR WIFE Cara E. Acord	
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. none		17. INFORMANT Cara E. Acord , Address Advance, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Atherosclerosis DUE TO (c) Hypertension						INTERVAL BETWEEN ONSET AND DEATH 4 days week week	
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 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 3:30 p.m. Month, Day, Year 12-1-60							
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 12-1-60 to 12-4-60 and last saw her alive on 12-4-60 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Stephen Paul Mads (Degree or title)				22b. ADDRESS Bloomfield Mo		22c. DATE SIGNED 1-1-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/7/60		23c. NAME OF CEMETERY OR CREMATORY Cato Cemetery		23d. LOCATION (City, town, or county) (State) Bollinger County, Mo.	
24. FUNERAL DIRECTOR Wm. H. Morgan , ADDRESS Advance, Mo.				25. DATE RECD. BY LOCAL REG. 1-20-1961		25. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

(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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W^m H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Mo

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.