

RIPRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048980

OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

FILED

Registration District No. 4

Primary Registration District No. 3007

Registrar's No. _____

FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b		c. CITY OR TOWN Doniphan		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route #6		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) PEGGY ELKINS				4. DATE OF DEATH May 20, 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 5-23-27		9. AGE (last birthday) 32	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME Arthur Keeny			13b. MOTHER'S MAIDEN NAME Dorothy Howerton			14. NAME OF HUSBAND OR WIFE Blake Elkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Poplar Bluff Hospital Records Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ruptured Dermoid Cyst 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								INTERVAL BETWEEN ONSET AND DEATH	
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 _____ 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 April 21, 1960 to May 20, 1960 and last saw her ^{her} alive on May 20, 1960 Death occurred at 10:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Harold W. Edwards</i> (Degree or title)				22b. ADDRESS Poplar Bluff, Missouri		22c. DATE SIGNED 7-28-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/22/60		23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery		23d. LOCATION (City, town, or county) Doniphan, Missouri		(State)	
24. FUNERAL DIRECTOR Edwards Mortuary, Doniphan, Mo ADDRESS				25. DATE RECD. BY LOCAL REG. 8-1-61		26. REGISTRAR'S SIGNATURE <i>Harold W. Edwards</i>			

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

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.