MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

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STATE FILE NUMBER

FILED VS FEB 6 1961

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 23

DO NOT WRITE IN THIS STUB — AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Grim-Smith Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Macon
c. CITY OR TOWN: La Plata
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ANNIE Middle: (nmn) Last: NAUGHTON
4. DATE OF DEATH Month: January Day: 24 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-26-72
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months --- Days ---- IF UNDER 24 HR: Hours -- Min. --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (City and state or country): Bucklin, Missouri
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Thomas B. Burk
13b. MOTHER'S MAIDEN NAME: Delia Foltz
14. NAME OF HUSBAND OR WIFE: James Naughton, Dec.
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.: ---
17. INFORMANT: Hospital Redords Address: Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterial Hypertention	1 yr?
DUE TO (c)	Gen. Arteriosclerosis	5 yrs?

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. ☐ 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 1-20-61, to 1-24-61 and last saw her/him alive on 1-23-61
Death occurred at 1:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 1-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 26, 1961
23c. NAME OF CEMETERY OR CREMATORY: La Plata Cemetery
23d. LOCATION (City, town, or county) (State): La Plata Mo

24. FUNERAL DIRECTOR: Wilson Funeral Home ADDRESS: La Plata Mo
25. DATE RECD. BY LOCAL REG.: Jan 28, 1961
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

J.B. Jones, MD.

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 Kenneth M. Wilson

Licensed Embalmer No. H701

P. O. Address La Plata Mo.

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.