

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-002660

FILED VS FEB 1 1961

STATE FILE NUMBER

AMENDED

Registration District No. 301 Primary Registration District No. Registrar's No. 11

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Ripley				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 Doniphan		Length of stay in lb 5 yrs.		c. CITY OR TOWN Doniphan		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#2				d. STREET ADDRESS (If outside, give location) R#2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARY Middle ANN Last Elwood				4. DATE OF DEATH Month JAN. Day 21 Year 1961				
5. SEX Female		6. COLOR OF RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-23-1876		
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months 84 Days		IF UNDER 24 HR Hours 84 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lewis Polson			13b. MOTHER'S MAIDEN NAME Lucinda Williamson			14. NAME OF HUSBAND OR WIFE James Elwood		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Rosa Collins Address R#2 Doniphan, 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							INTERVAL BETWEEN ONSET AND DEATH 4 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized arteriosclerosis							10 years	
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 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 6:15 p.m. Month, Day, Year June 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 June 60 to Jan 21, 1961 and last saw her alive on Jan 15, 1961 Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Frank Johnson D.D.				22b. ADDRESS Doniphan, Mo.		22c. DATE SIGNED 1/27/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 23, 1961		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) Ripley County, Mo.		
24. FUNERAL DIRECTOR ADDRESS Edwards Funeral Home, Doniphan, Mo.				25. DATE RECD. BY LOCAL REG. 1-26-61		26. REGISTRAR'S SIGNATURE Flava Broz		

MAY 23 1961

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 Gene H. Harrent

Licensed Embalmer No. 4809

P. O. Address Taylor, 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.