

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004427

FILED VS FEB 1 1967 366

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Washington			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belgrade Twp.		Length of stay in 1b 5 wks	c. CITY OR TOWN Belgrade Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 mi. N. of Belgrade			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7 mi. N. of Belgrade		
3. NAME OF DECEASED (Type or print) First Middle Last Connia Iona Isgriggs			4. DATE OF DEATH Month Day Year Jan. 26 1961			
5. SEX fem	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 20 1960	9. AGE (last birthday) 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Belgrade Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Earl Isgriggs		13b. MOTHER'S MAIDEN NAME Betty Martin		14. NAME OF HUSBAND OR WIFE ##		
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. no	17. INFORMANT Address Earl Isgriggs, Potosi, 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) Sepsis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bilateral Pleural Empyema DUE TO (c) Lobar Pneumonia					INTERVAL BETWEEN ONSET AND DEATH	
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 _____ 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
20f. STATE	21. I attended the deceased from 1/8/61 to 1/26/61 and last saw her alive on 1/26/61 Death occurred at 9 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James M. Owen D.O.			22b. ADDRESS 211 S. E. High St., Potosi, Mo.		22c. DATE SIGNED 1/28/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-27-61	23c. NAME OF CEMETERY OR CREMATORY Masonia Cemetery		23d. LOCATION (City, town, or county) Bismarok, Mo.		(State)
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. <i>32nd & White</i>			25. DATE RECD. BY LOCAL REG. 1/31/61	26. REGISTRAR'S SIGNATURE Helen Kordad		

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Was not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Amel J. White

Licensed Embalmer No. 3012

P. O. Address Imperial Ave

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.