

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007954

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4699 Registrar's No. 45

AMENDED

FILED VS MAR 17 1961

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY CASS | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLEASANT HILL | a. STATE MO | b. COUNTY CASS |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DELL'S REST HOME | | c. CITY OR TOWN PLEASANT HILL | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last EMMA DEAN CAUTION | | d. STREET ADDRESS OLD TOWN | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 4. DATE OF DEATH Month Day Year 3/8/61 | | 5. SEX FEMALE | |
| 6. COLOR OR 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 9/10/1872 | 9. AGE (last birthday) 88 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK | 11. BIRTHPLACE (City and state or country) STOCKTON MO. | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME S.H. JOHNSON | 13b. MOTHER'S MAIDEN NAME SALLIE M BARKER | 14. NAME OF HUSBAND OR WIFE B.F. CAUTION | |
| 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 OLIN CAUTION PLEASANT HILL 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 arteriosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>Feb 15 1957</u> to <u>Mar 8-1961</u> and last saw her alive on <u>8-11-59</u> . Death occurred at <u>2:10 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Dev Epleund MD | | 22b. ADDRESS Pleasant Hill, Mo | 22c. DATE SIGNED 3-9-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Buried | 23b. DATE 3/11/61 | 23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem | 23d. LOCATION (City, town, or county) (State) Pleasant Hill Mo. |
| 24. FUNERAL DIRECTOR Wallace Funeral Home Pleasant Hill | | 25. DATE RECD. BY LOCAL REG. 3/11/61 | 26. REGISTRAR'S SIGNATURE Mrs Ray Seber |

DATE AWARDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 21 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

James C. Wallace

Licensed Embalmer No. 3921

P. O. Address Pleasant

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.