

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013406

Registration District No. 1-28 Primary Registration District No. _____ Registrar's No. 426 STATE FILE NUMBER

AMENDED

FILED MAY 8 1961		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Greene</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Dallas</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Length of stay in 1b	c. CITY OR TOWN <u>Elkland R. F. D.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant Hope R. F. D.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6 Mi. S. E. of Buffalo</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH Month Day Year
<u>CYNTHIA PALMER</u>			<u>April 29 1961</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 6 1873</u>
9. AGE (last Birthday) <u>87</u>		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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>	11. BIRTHPLACE (City and state or country) <u>Pioneer, Ohio</u>
13a. FATHER'S NAME <u>Samuel Weeks</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle Martin</u>	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) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Earl Palmer Elkland, Mo.</u>
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 <u>1 year</u>
IMMEDIATE CAUSE (a) <u>Myo Carditis Chronic</u>			
DUE TO (b) _____			
DUE TO (c) <u>Hypertensive Cardio-Vascular Disease years.</u>			
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 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. 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>Apr 2, '61</u> to <u>Apr 29, '61</u> and last saw her/him alive on <u>Apr 20, '61</u> . Death occurred at <u>12:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. N. Waskeman, MD</u>		22b. ADDRESS <u>Springfield Mo.</u>	22c. DATE SIGNED <u>5-4-61</u>
23a. BURIAL, CREMATION, RECEPTION (Specify) <u>Burial</u>	23b. DATE <u>May 1, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>Buffalo, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>L. B. Jones Buffalo, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-5-61</u>	26. REGISTRARS SIGNATURE <u>Offie B. Mellon</u>	

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 me, Student Embalmer No. 1
working under my personal supervision.

Student 1
Signature of Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, N.Y.

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.