

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014760

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 27

FILED MAY 4 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PUTNAM</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL ELM TMP</u>			Length of stay in 1b <u>60 yrs.</u>		c. CITY OR TOWN <u>RURAL - ELM TMP</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>WORTHINGTON</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>WORTHINGTON</u>	
3. NAME OF DECEASED (Type or print) First <u>Permelia</u> Middle <u>WOOD</u> Last <u>NEWMAN</u>			4. DATE OF DEATH Month <u>APR</u> Day <u>18</u> Year <u>1961</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>3-2-69</u>	9. AGE (last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>76</u>	IF UNDER 24 HR Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEWORK</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>PUTNAM Co MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William Vestal</u>			13b. MOTHER'S MAIDEN NAME <u>Lottie BRANCOM</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERT NEWMAN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>CORA MONTGOMERY - WORTHINGTON</u> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Coronary Arteriosclerosis</u>		6 years		
			DUE TO (c) <u>Age</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>					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.) <u>-</u>				
20c. TIME OF INJURY Hour _____ s.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.) <u>-</u>		20f. CITY, TOWN, OR LOCATION <u>-</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>8/23/50</u> to <u>4/18/61</u> and last saw <u>her</u> alive on <u>4/13/61</u> Death occurred at <u>9:30 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>Edward M. Roberts M.D.</u>				22b. ADDRESS <u>Queen City, Mo.</u>		22c. DATE SIGNED <u>4/21/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>4-21-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLEASE AT HOME</u>		23d. LOCATION (City, town, or county) (State) <u>WORTHINGTON MO</u>			
24. FUNERAL DIRECTOR <u>FO. HUSTED & SONS WOODVILLE MO</u>			ADDRESS <u>4-24-61</u>		25. DATE RECD. BY LOCAL REG.		
					26. REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>		

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 Murl E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville 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.