

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016131

STATE FILE NUMBER

AMENDED

Registration District No. 332 Primary Registration District No. 3074 Registrar's No. 59

FILED APR 19 1961

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Sikeston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shuffite Nursing Home		d. STREET ADDRESS (If outside, give location) 509 Ruth St.	
3. NAME OF DECEASED (Type or print) Nellie		4. DATE OF DEATH Month 4 Day 5 Year 1961	
5. SEX F.M.		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 7/5/1898	
9. AGE (last birthday) 62		IF UNDER 1 YEAR IF UNDER 24 HR Morn 9 Da 0 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) Ohio		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John C. Caudel		13b. MOTHER'S MAIDEN NAME Mary Wade	
14. NAME OF HUSBAND OR WIFE Clinton E. Loughridge		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----	
16. SOCIAL SECURITY NO. -----		17. INFORMANT Address Nursing Home records, Sikeston, 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) Cerebrovascular Accident			INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. arteriosclerosis			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia. Left hemiplegia.			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 STATE
21. I attended the deceased from March to 4-5-61 and last saw her alive on 4-4-61 Death occurred at 6:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E.D. Urban, M.D.		22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 4/7/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/10/1961	23c. NAME OF CEMETERY OR CREMATORY Local Cemetary	23d. LOCATION (City, town, or county) (State) Norfolk, Virginia
24. FUNERAL DIRECTOR ADDRESS Albritton Funeral Home, Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. 4-10-61	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

APR 20 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 Raymond H. Duffie

Licensed Embalmer No. 4798

P. O. Address Berme, 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.