

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016358

STATE FILE NUMBER

AMENDED

Registration District No. 6Primary Registration District No. 3001Registrar's No. 14

FILED MAY 31 1961

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Vandalia</u>		c. CITY OR TOWN <u>Vandalia</u>	
Length of stay in 1b <u>334 days</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>609 Haig St.</u>		d. STREET ADDRESS (If outside, give location) <u>609 Haig St.</u>	
Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First <u>Coleman</u> Middle <u>Fields</u> Last <u>Archer</u>		4. DATE OF DEATH Month <u>May</u> Day <u>21</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>12-18-1891</u>
9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Harbison-Walker</u>	
11. BIRTHPLACE (City and state or country) <u>Wright City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Fields Archer</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Nesson</u>	
14. NAME OF HUSBAND OR WIFE <u>Ollie Belle Archer</u>			
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. <u>497-07-1001</u>	
17. INFORMANT <u>George Archer, Vandalia, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>CONGESTIVE HEART FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>10-15 yrs.</u>	
DUE TO (c) <u>POSTERIOR MYOCARDIAL INFARCTION</u>		<u>undeterm.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Large post. duod. ulcer? cancer, B.P.H.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:15</u> a.m. <u>p.m.</u> Month, Day, Year <u>5-21-61</u>			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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>2-16-61</u> to <u>5-22-61</u> and last saw her alive on <u>5-21-61</u> . Death occurred at <u>11:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Anthony J. Fugua Jr.</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Vandalia, Mo.</u>	22c. DATE SIGNED <u>5-22-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-23-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Central Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Warren Co., Missouri</u>
24. FUNERAL DIRECTOR <u>William Blister, Vandalia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 23 1961</u>	26. REGISTRAR'S SIGNATURE <u>Malcolm Fugua</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 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

William Blister

Licensed Embalmer No.

4169

P. O. Address

Vandalia

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.