

**COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-024453**

FILED JUL 3 1 1961

STATE FILE NUMBER

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY <b>Clark</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Downing MO</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kahoka Mo</b>		Length of stay in 1b <b>2yrs</b>	c. CITY OR TOWN <b>Downing MO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WALKERS NURSING HOME</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		
3. NAME OF DECEASED (Type or print) First <b>IRA</b> Middle <b>T.</b> Last <b>NORTH</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>18</b> Year <b>1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 23 1880</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>25</b> Days <b>3</b> IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>St. Louis MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Edward Perry</b>		13b. MOTHER'S MAIDEN NAME		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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs. Tom Redding</b>		Address <b>Downing MO</b>	
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 <b>6 months</b>	
IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>						
DUE TO (c) <b>Arteriosclerotic heart disease</b>						
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. _____ 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>Dr. A. C. Hamming Do Coronar</b> (Degree or title)			22b. ADDRESS <b>Kahoka Mo</b>		22c. DATE SIGNED <b>7-29-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Buried June 20-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Downing cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Downing MO</b>		
24. FUNERAL DIRECTOR <b>Walters Brothers</b> ADDRESS <b>Wyaloma Mo</b>		25. DATE RECD. BY LOCAL REG. <b>July-29-1961</b>	26. REGISTRAR'S SIGNATURE <b>JVP Redinger</b>			

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Geov Baskett

Licensed Embalmer No. 1817

P. O. Address Wyacond

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.