

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024900

STATE FILE NUMBER

AMENDED

Registration District No. 7-1961-3 Primary Registration District No. _____ Registrar's No. 89

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Canada</u> b. COUNTY <u>Pembroke</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lakeshore township</u>		Length of stay in 1b <u>70 days</u>	c. CITY OR TOWN <u>Pembroke</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>5.9 miles West Ridgeway</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Beachburg Ontario</u>
3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>Alie</u> Last <u>Green</u>		4. DATE OF DEATH Month <u>7</u> Day <u>8</u> Year <u>61</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>4-30-57</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Keyer and Home</u>	11. BIRTHPLACE (City and state or country) <u>Cornwall England</u>	12. CITIZEN OF WHAT COUNTRY <u>Canada</u>
13a. FATHER'S NAME <u>Albert Berleigh</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Maslin</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian H. Green, deceased</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>no</u>	17. INFORMANT <u>Lillian Buzzard, Ridgeway</u>	Address <u>Ridgeway</u>
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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 1/2 hr</u>
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Dilated of the Coronary arteries and</u>	
DUE TO (c) <u>Angina pectoris</u>		<u>4 year</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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
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21. I attended the deceased from July 8 1961 to July 8 1961 and last saw her/him alive on July 8 1961
Death occurred at 11:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In green or blue ink) <u>W. F. Broyles M.D.</u>	22b. ADDRESS <u>Pathology Messour</u>	22c. DATE SIGNED <u>7-8-1961</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-8-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pembroke Cemetery, Pembroke, Ontario</u>	23d. LOCATION (City, town, or county) (State) <u>Ontario</u>
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24. FUNERAL DIRECTOR <u>Robert R. Boster, Ridgeway</u>	ADDRESS <u>Ridgeway</u>	25. DATE RECD. BY LOCAL REG. <u>7-8-1961</u>	26. REGISTRAR'S SIGNATURE <u>G. Jella Masey</u>
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(Licensee/Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JUL 21 1961

AUG 3 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 Robert R. Baggers

Licensed Embalmer No. 3576

P. O. Address Ridgeway

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.