

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025879
STATE FILE NUMBER

AMENDED FILED AUG 7 1961 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 83

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY Lincoln			a. STATE Missouri b. COUNTY Lincoln		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford		Length of stay in 1b 1 Mo.	c. CITY OR TOWN Snowhill		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Thalman Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8 N.E. of Troy MO.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First ALWIN Middle EDGAR Last LaRUE			Month Aug Day 1 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 24 1873	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 11 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Troy MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Squire LaRue		13b. MOTHER'S MAIDEN NAME Anna Segrass		14. NAME OF HUSBAND OR WIFE Katherine LaRue	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None			17. INFORMANT Address James Singleton Winfield MO.		
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
IMMEDIATE CAUSE (a) Cerebral hemorrhage					24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis					unk.
DUE TO (c)					
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Aug 1 1961 and last saw her/him alive on Aug 1 1961 Death occurred at 9:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Paul Berry MD			22b. ADDRESS Troy, Mo.		22c. DATE SIGNED 8/3/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 4, 1961	23c. NAME OF CEMETERY OR CREMATORY Thornhill Cemetery		23d. LOCATION (City, town, or county) (State) Lincoln County Mo.	
24. FUNERAL DIRECTOR ADDRESS D.W. McCoy Troy Mo			25. DATE RECD. BY LOCAL REG. Aug. 3, 1961	26. REGISTRAR'S SIGNATURE Charlotte Leek	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 25 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 *D. D. McCoy*

Licensed Embalmer No. 35886

P. O. Address Joy 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.