

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025901

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 92 STATE FILE NUMBER

FILED JUL 17 1961

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield, MO</u>		Length of stay in lb <u>14</u>	c. CITY OR TOWN <u>Brookfield,</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>723 Pettigohn</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>723 Pettigohn</u>
3. NAME OF DECEASED (Type or print) First <u>Dillard</u> Middle <u>N.</u> Last <u>Henry</u>		4. DATE OF DEATH Month <u>7</u> Day <u>11</u> Year <u>1961</u>	

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>28</u>	IF UNDER 24 HR Hours <u></u> Min. <u></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>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Marceline, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	

13a. FATHER'S NAME <u>Samuel</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs Dillard Henry</u> Address <u>Brookfield, Mo.</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
IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>		<u>78hrs.</u>
DUE TO (b) <u>Cardiac Decompensation</u>		<u>17mos.</u>
DUE TO (c) <u>Series of acute cerebral accidents</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Patient bedfast from previous cerebral accidents.</u>	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
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19. WAS AUTOPSY PERFORMED? <u>#</u> 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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year
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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 <u>August 7, 1952</u> to <u>July 11, 1961</u> and last saw her/him alive on <u>7/11/61</u> Death occurred at <u>8:31 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>John W. White, D. O.</u>	22b. ADDRESS <u>Brookfield, Missouri</u>	22c. DATE SIGNED <u>7/13/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8-13-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	23d. LOCATION (City, town, or county) (State) <u>Marceline MO</u>
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24. FUNERAL DIRECTOR <u>James McLaughlin</u> ADDRESS <u>Marceline, MO</u>	25. DATE RECD. BY LOCAL REG. <u>7-13-61</u>	26. REGISTRAR'S SIGNATURE <u>Walter B. Erwin</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Rg.

AUG 11 1961

SEP 27 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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gerald F. [Signature]

Licensed Embalmer No. 4172

P. O. Address Brown

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.