

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025917

STATE FILE NUMBER

AMENDED FILED JUL 17 1961 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 2 yrs	c. CITY OR TOWN Chillicothe
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susan's Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Leeper Hotel
3. NAME OF DECEASED (Type or print) First MIDDLE Last RUFUS EIMER BLACK			4. DATE OF DEATH Month Day Year July 9, 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-74
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery & General Store Opr.		10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (City and state or country) Meadville, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Hiram Black	
13b. MOTHER'S MAIDEN NAME Cynthia Ann White		14. NAME OF HUSBAND OR WIFE Rosa Rosa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Frances Woodcock, Chillicothe, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia Terminal</i> DUE TO (b) <i>Arterial Sclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>5 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fractured Hip - Nailed - March '61</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 <i>Mar. 10 '61</i> to <i>July 9 '61</i> and last saw him alive on <i>July 8 '61</i> Death occurred at <i>2 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Joseph A. Conrad M.D.</i>		22b. ADDRESS <i>Chillicothe, Mo</i>	22c. DATE SIGNED <i>July 10 '61</i>
23. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE July 12, 61	23c. NAME OF CEMETERY OR CREMATORY D.W. Necomer's Sons	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Wright Funeral Home, Meadville, Mo.		25. DATE RECD. BY LOCAL REG. July 10, 1961	26. REGISTRAR'S SIGNATURE <i>Annalee Taylor</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 MR. W. H. W. W.

Licensed Embalmer No. 4655

P. O. Address Meadville, Pa.

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.