

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032607
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. _____ Registrar's No. 149

FILED SEP 19 1961

DATE AMENDED 9/29/61
INSTEAD OF
BY AFFIDAVIT OF
#18 & PT. II Additional information was added from affidavit of the coroner.

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty Sup.</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Liberty Sup.</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles West of Dalt</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Liberty Sup.</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>BESSIE</u> Middle <u>MAE</u> Last <u>ROOKS</u>			4. DATE OF DEATH Month <u>8</u> Day <u>28</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-21-1902</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Sullivan Co. mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Robert Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Sims</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Rooks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>Pearl Rooks</u>		17. INFORMANT <u>Salt mo</u>	
				Address	

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>Asphyxiation</u>		
DUE TO (b) <u>Occlusion of Air Passages</u>		
DUE TO (c) <u>Angioneurotic Edema (acute) of the larynx, trachea and bronchi</u>		
Acute Allergic reaction (<u>undetermined</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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>Body found floating in water of farm pond.</u>
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.) <u>XXXXXXXXXX</u>	20f. CITY, TOWN, OR LOCATION <u>Aug. 28, 1961</u>	COUNTY	STATE <u>XXXXXXXXXX</u>

21. I attended the deceased from about 10:00 and last saw per alive on XXXXXXXXXX
Death occurred at about 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Donald A Slater, County Coroner Newton, Mo</u>		22b. ADDRESS <u>Newton, Mo</u>	22c. DATE SIGNED <u>8-31-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crem</u>	23b. DATE <u>8-31-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dalt Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Salt mo</u>
24. FUNERAL DIRECTOR <u>Lynn Funeral Home Salt mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-15-61</u>	26. REGISTRAR'S SIGNATURE <u>Frederick</u>

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 P. A. Payne Jr.

Licensed Embalmer No. 3400

P. O. Address Galt

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.