

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED NOV 13 1961

=61-036109

AMENDED

Registration District No. 46 Primary Registration District No. 4066 Registrar's No. 45

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kingston		c. CITY OR TOWN Kingston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Berry Rest Home		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Dora Middle Viola Last Temple			4. DATE OF DEATH Month 11 Day 2 Year 1961		
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5. SEX female	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 10-14-1881	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kingston, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas Cawthon	13b. MOTHER'S MAIDEN NAME Florence Miller	14. NAME OF HUSBAND OR WIFE Lawrence Temple
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT Address Exclusion Springs Mrs. Reve Brock, 124 Myrtle, Missouri
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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: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		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.)
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20c. TIME OF INJURY Hour 8:50 a.m. p.m.	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 Kingston Caldwell Missouri	COUNTY	STATE
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21. I attended the deceased from **July 1961** to **11-2-61** and last saw her ^{her} _{him} alive on **11-1-61**
Death occurred at **8:50** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank A. Sale, M.D.	(Degree or title)	22b. ADDRESS HAMILTON, MISSOURI	22c. DATE SIGNED 11-3-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-5-61	23c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery	23d. LOCATION (City, town, or county) Kingston, Missouri	(State)
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24. FUNERAL DIRECTOR Leland Funeral Home,	ADDRESS Kingston	25. DATE REC'D. BY LOCAL REG. November 8-61	26. REGISTRAR'S SIGNATURE Lady Jones
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(Licensed by State of Missouri - Statement on Reverse Side)

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

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 *Cramer Blank*

Licensed Embalmer No. 3257

P. O. Address Kingston, M

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.