

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-040025
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 262

FILED DEC 13 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Audrain		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Salt River Twp.		a. STATE MO		b. COUNTY MONTGOMERY	
Length of stay in 1b 10 days		c. CITY OR TOWN Montgomery		d. STREET ADDRESS (if outside, give location) White Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Colwell Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH				
First Louisa Middle Bentley Last Bentley			Month Dec. Day 2 Year 1961				
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG. 22, 1965	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Jonesburg, Mo	12. CITIZEN OF WHAT COUNTRY USA	Months 02	Days 3 Hours 10 Min.
13a. FATHER'S NAME Samuel Wright		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE			
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. no		17. INFORMANT Address Mrs. Howard Lewis, Mexico, 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) CVA							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension							
DUE TO (c) Arteriosclerosis							
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 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 <u>11-27-61</u> to <u>12-2-61</u> and last saw her/him alive on <u>12-2-61</u> Death occurred at <u>8:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James E. Kraft DO				22b. ADDRESS 108 W Clark Mexico Mo		22c. DATE SIGNED 12-4-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 4, 1961	23c. NAME OF CEMETERY OR CREMATORY Wellsville		23d. LOCATION (City, town, or county) Wellsville, MO		(State)	
24. FUNERAL DIRECTOR ADDRESS Howard F. Myers Wellsville, Mo.				25. DATE RECD. BY LOCAL REG. Dec. 4-1961		26. REGISTRAR'S SIGNATURE Blanche Neely	

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 Howard F. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.