ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-040897
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 120

AMENDED

FILED DEC 11 1961

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton — Length of stay in 1b 20 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Mary's Hospital — Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Iron
c. CITY OR TOWN Arcadia — Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location) general delivery — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First OSCAR Middle SIDNEY Last DEMENT

4. DATE OF DEATH Month Dec. Day 2 Year 1961

5. SEX male
6. COLOR OR RACE white
7. Married # ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan 23 1893
9. AGE (last birthday) 68 — 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) machine operator
10b. KIND OF BUSINESS OR INDUSTRY shoe factory
11. BIRTHPLACE (City and state or country) Wayne Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Dement
13b. MOTHER'S MAIDEN NAME Lucy Sanders
14. NAME OF HUSBAND OR WIFE Nelle Dement

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Wm. Dement, Arcadia Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 6 Mos.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-1-61, to 12-2-61 and last saw her/him alive on 12-2-61
Death occurred at 12.30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS Ironton Mo.
22c. DATE SIGNED 12-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 12-5-61
23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park, Ironton Mo.
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG. 12-7-61
26. REGISTRAR'S SIGNATURE Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

DEC 12 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Overton Nev.

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.