

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041442

STATE FILE NUMBER

AMENDED

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 240

FILED DEC 7 1961

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <del>Carthage</del> JACKSON		Length of stay in 1b 1 year	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fair Acres		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Kate Gible		4. DATE OF DEATH Month Day Year 11-25-1961	
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 8-13-1874
9. AGE (last birthday) 87		IF UNDER 1 YEAR Months 3 Days 12	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Tess Scott	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Sue Kirksey		Address Reeds 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) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 10 min.
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) Generalized arteriosclerosis + hypertension			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
19. WAS AUTOPSY PERFORMED? YES <input 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.)	
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 1957 to 11-25-61 and last saw her him alive on 11-20-61. Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.L. Miller M.D. (Degree or title)		22b. ADDRESS	22c. DATE SIGNED 11-30-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-27-1961	23c. NAME OF CEMETERY OR CREMATORY Reeds Oak	23d. LOCATION (City, town, or county) (State) N.W. of Mishler Mo.
24. FUNERAL DIRECTOR Morris Seaman ADDRESS Miller Mo.		25. DATE RECD. BY LOCAL REG. 11-30-61	26. REGISTRAR'S SIGNATURE E.H. Clinton

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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,

~~of by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3297

P. O. Address Miller 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.