OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042012
STATE FILE NUMBER

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 69

FILED NOV 20 1961

1. PLACE OF DEATH
a. COUNTY Putnam
b. ~~CITY OR TOWN~~ (If outside corporate limits, give TOWNSHIP only) Elm Township — Length of stay in 1b: 15 yrs
c. FULL NAME OF (If NOT in hospital, give location) ~~HOSPITAL OR~~ Rt.3 Novinger, Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Putnam
c. CITY OR TOWN Novinger — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First OLLIE Middle V. Last PARTIN
4. DATE OF DEATH: Month November Day 13 Year 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/6/84
9. AGE (last birthday): 77 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Putnam Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U S

13a. FATHER'S NAME: Soloman May
13b. MOTHER'S MAIDEN NAME: Sarah Stokesberry
14. NAME OF HUSBAND ~~OR WIFE~~: Robert Partin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Robert Partin, Rt.#3, Novinger, 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 thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerosis — years
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 1956 to 11-13-61 and last saw her ~~him~~ alive on 11-13-61
Death occurred at 12:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lyle P. Partin D.O.
22b. ADDRESS: Kirksville, Mo
22c. DATE SIGNED: 11-13-61

23a. BURIAL ~~CREMATION~~, ~~REMOVAL (Specify)~~: Burial
23b. DATE: Nov.15/61
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Cain Ford
23d. LOCATION (City, town, or county) (State): Putnam Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Foster Memorial Home, Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 11-15-61
26. REGISTRAR'S SIGNATURE: Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ — BY AFFIDAVIT OF — DOCUMENT — MEDICAL CERTIFICATION: Dr. Lyle P. Partin

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 Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.