

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043779

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 486

FILED JAN 10 1962

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR Bluff</u>		Length of stay in 1b <u>Minutes</u>	c. CITY OR TOWN <u>NAYLOR</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>KELSEY ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JANE</u> Middle <u>SINSABAUGH</u> Last <u></u>			4. DATE OF DEATH <u>DECEMBER 21-1961</u> Month <u>DECEMBER</u> Day <u>21</u> Year <u>1961</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 14-1883</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and state or country) <u>McClure, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas McRAVEN</u>		13b. MOTHER'S MAIDEN NAME <u>IRENE CULLEY</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>PAUL Sinsbaugh - NAYLOR, Mo.</u> Address <u></u>
--	-------------------------------------	--

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) <u>Cerebral Hemorrhage</u>		<u>1 1/2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized Arteriosclerosis</u>	<u>Years</u>
	DUE TO (c) <u>Advanced Age</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>		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 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		

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 <u></u> COUNTY <u></u> STATE <u></u>
--	--	---

21. I attended the deceased from April 8, 1958 to 12-21-1961 and last saw her alive on 12-21-1961
Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. L. Smith, D.O.</u> Degree or title <u>D.O.</u>	22b. ADDRESS <u>Naylor, Mo.</u>	22c. DATE SIGNED <u>1-1-62</u>
---	---------------------------------	--------------------------------

23a. BURIAL / CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/24/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NAYLOR MASONIC</u>	23d. LOCATION (City, town, or county) (State) <u>NAYLOR, MISSOURI</u>
--	-----------------------------	--	---

24. FUNERAL DIRECTOR <u>Edwards-Parent Funeral Home</u> ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>1-5-1962</u>	26. REGISTRAR'S SIGNATURE <u>Thelma Graham</u>
---	--	--

DATE AMENDED

INSTEAD OF

HOW NOT SHOULD READ

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

Student _____
Signature of Student Embalmer

Signed Gene H. Parrent

Licensed Embalmer No. 4809

P. O. Address Naylor, N.

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.