

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS MAY 16 1960**

**=60-019147**

Registration District No. 127 Primary Registration District No. 3023 Registrar's No. 137 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Henry</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>Henry</b>
Length of stay in 1b <b>30 Yrs.</b>		c. CITY OR TOWN <b>Clinton</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>205 West Henry St.</b>		d. STREET ADDRESS (If outside, give location) <b>205 West Henry</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
First <b>Mary</b>	Middle <b>Sedalia</b>	Last <b>Border</b>	Month <b>May</b>	Day <b>6,</b>	Year <b>1960</b>
<b>5. SEX</b> Female	<b>6. COLOR OR RACE</b> White	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Oct. 28-1872</b>	<b>9. AGE (last birthday)</b> <b>87</b>	<b>IF UNDER 1 YEAR</b> Months <b>6</b> Days <b>8</b> Hours <b></b> Min. <b></b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Sedalia, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Frank North</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Susan Dirck</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT</b> <b>205 W. Henry St.</b> <b>Elmer Border, Clinton, Mo.</b>		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b>		<b>7 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Myocardial Insufficiency</b>	<b>12 weeks</b>
	DUE TO (c) <b>Coronary artery sclerosis</b>	<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility + Generalized debilitation</b>		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

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour <b></b> Month, Day, Year <b></b>	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
<b>21. I attended the deceased from</b> <b>June, 1958</b> , to <b>5-6-60</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>5-6-60</b> Death occurred at <b>4:15 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

<b>22. SIGNATURE</b> (Degree or title) <b>Clinton L. Glespy</b>		<b>22b. ADDRESS</b> <b>105 E. Ohio, Clinton, Mo</b>	<b>22c. DATE SIGNED</b> <b>5-6-60</b>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>May 8, 1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Englewood Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Clinton, Mo.</b>
<b>24. FUNERAL DIRECTOR</b> <b>W. H. Vansant, Clinton, Mo.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>May 7, 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>Mildred Bigum</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

20  
Call when

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed N. J. Vaisant

Licensed Embalmer No. 377

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.