

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019168

FILED VS MAY 16 1960

137

4218

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Windsor Mo.</i>	Length of stay in 1b <i>6 yr</i>	c. CITY OR TOWN <i>Windsor Mo.</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Windsor Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>1121 S. Windsor St.</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>VERNIA MIRIA Doss</i>			4. DATE OF DEATH Month Day Year <i>May 4 1960</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 28, 1884</i>
9. AGE (last birthday) <i>75</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and state or country) <i>Illinois</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Wm Smith</i>	13b. MOTHER'S MAIDEN NAME <i>Amanda Sumner</i>
14. NAME OF HUSBAND OR WIFE <i>Ed. Doss</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>320-28-8805</i>
17. INFORMANT <i>Ed. Doss Windsor Mo.</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Circulatory Collapse</i> DUE TO (b) <i>Uremia</i> DUE TO (c) <i>Cardiac Cirrhosis of Liver</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerotic Ht. Disease</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>1 wk</i> <i>3 mos</i>		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 Month, Day, Year a.m. p.m.	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 <i>March 1957</i> to <i>May 1960</i> and last saw her <i>live on 3 May 1960</i> Death occurred at <i>2:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>William Smith M.D.</i>	
22b. ADDRESS <i>Windsor, Mo.</i>		22c. DATE SIGNED <i>5/6/60</i>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>MAY 6, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Windsor Mo</i>
24. GENERAL DIRECTOR <i>Ellis M. Huston Windsor Mo</i>	25. DATE RECD. BY LOCAL REG. <i>May 9 - 1960</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>	

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

Student _____
Signature of Student Embalmer

Signed Ellis M. Houston

Licensed Embalmer No. 3391

P. O. Address Windsor 7

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