

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024006

FILED VS AUG 13 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 2 Registrar's No. 3019

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (Within city limits, give TOWNSHIP only) SAVANNAH OR TOWN County Rest Home		Length of stay in 1b 3 weeks	c. CITY OR TOWN Maysville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County rest home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Martha Middle Elba Last Leonard			4. DATE OF DEATH Month 7- Day 28 Year -59		
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 Oct, 1-1868	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months 90 Days _____ 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 home	11. BIRTHPLACE (City and state or country) Ind,	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Benjamin Thomas		13b. MOTHER'S MAIDEN NAME Mary Shively		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. XX	17. INFORMANT Address Bessie Whiteaker Maysville		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)	Arterio-sclerotic heart disease with	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) congestive failure	1 month
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fractured left hip

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell at home, fracturing left hip.	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 1 month			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Maysville	STATE Mo

21. I attended the deceased from **6-20-59** to **7-28-59** and last saw her **alive** on **7-25-59**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Do not sign in ink) <i>W. A. Baker</i>	22b. ADDRESS Savannah, Missouri	22c. DATE SIGNED 7-30-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-30-59	23c. NAME OF CEMETERY OR CREMATORY Hopewell
23d. LOCATION (City, town, or county) Maysville Mo		(State)

24. FUNERAL DIRECTOR <i>John Brown</i>	ADDRESS Maysville Mo.	25. DATE RECD. BY LOCAL REG. 8-2-59	26. REGISTRAR'S SIGNATURE <i>Lillian J. ...</i>
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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  _____

Licensed Embalmer No. 3933

P. O. Address Maysville 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.