

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 29 1959

59-025910

STATE FILE NUMBER

Registration District No. 00 Primary Registration District No. _____ Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Macon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LaPlata		Length of stay in 1b		c. CITY OR TOWN LaPlata		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 324 N. Wabash			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 324 N. Wabash			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elsie Middle Mae Last Ferman				4. DATE OF DEATH Month July Day 18 Year 1959			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-20-84	9. AGE (last birthday) 75	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		11. BIRTHPLACE (City and state or country) Macon County, Mo.	12. CITIZEN OF WHAT COUNTRY America	
13a. FATHER'S NAME James Conlev			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased		
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. none	17. INFORMANT Mrs. Mae Brooks LaPlata, Mo. Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) arterio-sclerotic heart						INTERVAL BETWEEN ONSET AND DEATH 2 days 3 years 10 years	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 La Plata Mo					
21. I attended the deceased from Sept 10, 1947 to July 18, 1959 and last saw her alive on July 18, 1959 Death occurred at 12:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ralph W Gillet DO (Deegee or title)				22b. ADDRESS La Plata Mo		22c. DATE SIGNED 7/21/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-20-59	23c. NAME OF CEMETERY OR CREMATORY LaPlata Cemetery		23d. LOCATION (City, town, or county) LaPlata, Mo.			
24. FUNERAL DIRECTOR Ralph E. Pollock LaPlata, Mo ADDRESS _____				25. DATE RECD. BY LOCAL REG. 7/23/59	26. REGISTRAR'S SIGNATURE W. Neely		

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 W. H. McCallister

Licensed Embalmer No. 205

P. O. Address South

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.

[Handwritten notes and signatures at the bottom of the page]