

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030115

FILED VS AUG 20 1959

394

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bunker		c. CITY OR TOWN Bunker	
Length of stay in 1b 12 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bunker		d. STREET ADDRESS (If outside, give location) --	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Grover Middle Cleveland Last Street	4. DATE OF DEATH Month August Day 10 Year 1959
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5. SEX male	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 Mar 12-87	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 7 Days 28 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY timber work	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Samuel Benton Street	13b. MOTHER'S MAIDEN NAME Mary Usery	14. NAME OF HUSBAND OR WIFE Florence Carpenture
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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. X	17. INFORMANT Gilbert Street St Louis Mo
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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) Coronary artery disease	DUE TO (b) ..	(4) Full months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) Sclerosis	?

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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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
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21. I attended the deceased from 7-16-59 to 7-16-59 and last saw him alive on 7-16-59
Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Jens [Signature]</i> (Deegee or title)	22b. ADDRESS Salem, Mo.	22c. DATE SIGNED 8-12-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-12-59	23c. NAME OF CEMETERY OR CREMATORY Bunker Cem	23d. LOCATION (City, town, or county) Bunker Mo	(State)
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24. FUNERAL DIRECTOR Spencer Funeral Home Inc	ADDRESS	25. DATE RECD. BY LOCAL REG. Aug 14 '59	26. REGISTRAR'S SIGNATURE <i>Edmond [Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1053 SEP 1

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 Carl H. Dymmer

Licensed Embalmer No. 237

P. O. Address Palmyra

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.