

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031773

FILED VS. SEP 16 1959 73

Primary Registration District No. 3014

Registrar's No. 106

STATE FILE NUMBER

DEED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Plays</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Plays</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Liberty</u>			Length of stay in 1b <u>life</u>	c. CITY OR TOWN <u>LIBERTY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 S. Fairview</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>211 S. FAIRVIEW</u>			
3. NAME OF DECEASED (Type or print) First <u>JESSE</u> Middle <u>L.</u> Last <u>SQUIRES</u>				4. DATE OF DEATH Month <u>SEPT.</u> Day <u>10</u> Year <u>59</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 22-1889</u>	9. AGE (last birthday) <u>70</u>	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) <u>mechanical operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>conductor</u>		11. BIRTHPLACE (City and state or country) <u>Kearney MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Ephraim Squires</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Mosby</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Squires</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>			16. SOCIAL SECURITY NO. <u>478-10-7156</u>		17. INFORMANT <u>Mary Squires Liberty, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>with Myocardial Infarction Sudden</u> DUE TO (c) <u>previous Coronary July 14, 1959</u>						INTERVAL BETWEEN ONSET AND DEATH	
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 COUNTY STATE	
21. I attended the deceased from <u>1948</u> to <u>Sept 9, 1959</u> and last saw him alive on <u>Sept 9, 1959</u> Death occurred at <u>12:25 A</u> m on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James L. Hilloughly MD</u>				22b. ADDRESS <u>32 S. Main Liberty, Mo.</u>		22c. DATE SIGNED <u>9-10-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept 12-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>		23d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>		
24. FUNERAL DIRECTOR <u>Church - Archer Co.</u>			ADDRESS <u>Liberty Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-11-59</u>	26. REGISTRAR'S SIGNATURE <u>Hazel Graham</u>	

SEP 18 1959

SEP 24 1959

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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 John Embury

Licensed Embalmer No. 4448
P. O. Address Liberty, Md

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.

