

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032120

FILED VS SEP 28 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 241

STATE FILE NUMBER

INDEXED

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|---|--|---|--|---|--|--|----------------|
| 1. PLACE OF DEATH a. COUNTY Henry | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Booper | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | Length of stay in 1b 8 Months | | c. CITY OR TOWN Pleasant Green | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) None | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) MELINDA First ELBERTHA Middle TAVENNER Last | | | | 4. DATE OF DEATH September 24 1959 Month September Day 24 Year 1959 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 6/10/1878 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Cooper Co., Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Taylor Woolery | | | 13b. MOTHER'S MAIDEN NAME Eliza Berry | | 14. NAME OF HUSBAND OR WIFE James Tavenner | | |
| 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 Address James Tavenner, Pleasant Green, Mo. | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) _____ 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 days 10 years | |
| 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 _____ s.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 Nov 1958 to Sept. 24, 1959 and last saw ^{her} him alive on Sept. 24, 1959 Death occurred at 7:00 A. m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) A. N. McIntyre M.D. | | | | 22b. ADDRESS Clinton Mo. | | 22c. DATE SIGNED 9-25-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Sept. 26 1959 | 23c. NAME OF CEMETERY OR CREMATORY Pleasant Green | | 23d. LOCATION (City, town, or county) Cooper Co. Missouri | | | |
| 24. FUNERAL DIRECTOR HAYES AND PAINTER, Pilot Grove | | | | DATE RECD. BY LOCAL REG. Sept. 25, 1959 | 25. REGISTRAR'S SIGNATURE Mildred Bigum | | |

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

Student _____
Signature of Student Embalmer

Signed Reggie R. Consalvo

Licensed Embalmer No. 4680

P. O. Address Clinton, N.Y.

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.