

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033425

FILED VS SEP 16 1959

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ripley			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan,		Length of stay in 1b 59 years		c. CITY OR TOWN Doniphan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 106 W. Spring			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 106 W. Spring		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Cora Middle Gilchrest Last Dudley				4. DATE OF DEATH Month Sept. Day 3, 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 1-3-1886	9. AGE (last birthday) 73	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) West Clifty, Kentucky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas Fulkerson			13b. MOTHER'S MAIDEN NAME Martha Hurt		14. NAME OF HUSBAND OR WIFE Riley Dudley		
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 Daisy Dudley Doniphan, 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) Coronary occlusion DUE TO (b) arteriosclerosis DUE TO (c) myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 1 day 10 days	
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 June 1959 to Sept 3, 59 and last saw ^{her} _{him} alive on Aug 31, 1957 Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank Johnson MD				22b. ADDRESS Doniphan Mo		22c. DATE SIGNED 9/15/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-6-1959	23c. NAME OF CEMETERY OR CREMATORY Towles Cemetery		23d. LOCATION (City, town, or county) (State) Ripley County, Missouri		
24. FUNERAL DIRECTOR ADDRESS Edwards Funeral Home Doniphan, Mo.			25. DATE RECD. BY LOCAL REG. 9-11-1959		26. REGISTRAR'S SIGNATURE Flava Broz		

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 Gene Warren

Licensed Embalmer No. 4809

P. O. Address Wayler,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.