

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 0 1959

59-035077

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 215

INDEXED

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Audrain</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Mexico</b>              | Length of stay in 1b<br><b>yr</b> s  | c. CITY OR TOWN <b>Mexico</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>806 N. Craig</b> | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>806 N. Craig</b>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Roy</b> Middle <b>Robert</b> Last <b>Field</b> |                                  |   | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>24</b> Year <b>1959</b> |                                     |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-11-88</b>                                  | 9. AGE (last birthday)<br><b>71</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Agriculture</b> | 11. BIRTHPLACE (City and state or country)<br><b>Audrain County, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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| 13a. FATHER'S NAME<br><b>John H. Field</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Ann French</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Addie Estes Field</b> |
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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)<br><b>no</b> | 16. SOCIAL SECURITY NO.<br><b>496-36-7815</b> | 17. INFORMANT Address<br><b>Mrs. Addie Estes Field Mexico, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b><br><b>Coronary Heart Disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 min</b><br><b>unknown</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)  |  |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Hypertensive Cardiovascular Disease</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.<br>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<br><b>Mexico</b> | COUNTY<br><b>Missouri</b> | STATE |
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| 21. I attended the deceased from <b>1-13-54</b> to <b>10-24-59</b> and last saw <sup>her</sup> him alive on <b>10-23-59</b><br>Death occurred at <b>11 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE (Degree or title)<br><b>Ernest J. South MD</b> | 22b. ADDRESS<br><b>Mexico, Mo</b> | 22c. DATE SIGNED<br><b>10-24-59</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>10-27-59</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Mexico, Missouri</b> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Arnold Funeral Home Mexico, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>October 26-59</b> | 26. REGISTRAR'S SIGNATURE<br><b>Blanche Neely</b> |
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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 Leo J. Whitaker

Licensed Embalmer No. 4780

P. O. Address Mexico, H.

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.