

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036709

FILED VS NOV 9 1959 164

STATE FILE NUMBER

Registration District No. Primary Registration District No. 3032 Registrar's No. 147

ENDED

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|--|--|---|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Johnson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg | | Length of stay in 1b 10 Days | | c. CITY OR TOWN Greenwood | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ross Nursing Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Greenwood | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Leah Middle May Last Aber | | | | 4. DATE OF DEATH Month Nov. Day 3, Year 1959 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 2-27-72 | 9. AGE (last birthday) 87 | 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) House Keeper | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (City and state or country) Johnson Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A | | |
| 13a. FATHER'S NAME David Aber | | | 13b. MOTHER'S MAIDEN NAME Eliza Shoup | | | 14. NAME OF HUSBAND OR WIFE Never Married | | |
| 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. no | | 17. INFORMANT Address M.D. Aber, Warrensburg, 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) Cerebral Arteriosclerosis | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 months | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 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 10-25-59 to 11-3-59 and last saw her ^{alive} on 11-2-59 Death occurred at 9:20 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) R. Lee Cooper M.D. | | | | 22b. ADDRESS Warrensburg, Missouri | | 22c. DATE SIGNED 11-3-59 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-5-59 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill | | 23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Sweeney Phillips, Warrensburg, Mo. | | | 25. DATE RECD. BY LOCAL REG. Nov. 4, 1959 | | 26. REGISTRAR'S SIGNATURE Savannah Crutcher | | | |

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 _____

Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Warrensburg

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.