

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037360

FILED VS OCT 20 1959 316

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **383**

ENDED

1. PLACE OF DEATH a. COUNTY St. Francois.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Francois					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Esther, Mo		Length of stay in 1b		c. CITY OR TOWN Esther, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Esther, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 511 Lincoln		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Alice Middle Jane Last White				4. DATE OF DEATH Month Oct Day 7 Year 1959					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Mar 20 1868	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during last year or life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Murphyborough Ill.		12. CITIZEN OF WHAT COUNTRY U.S. A.		
13a. FATHER'S NAME James Rolens.			13b. MOTHER'S MAIDEN NAME Mary Young			14. NAME OF HUSBAND OR WIFE			
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 Ollie Harty Mt Veron Ill.				
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 Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 2 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis general									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chc kidneys & nephritis					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				
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 April 1959 to Oct 7, 1959 and last saw her/him alive on 10-6-59 Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) H. C. Gable M.D.				22b. ADDRESS Keokuk Mo				22c. DATE SIGNED 10-9-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		23d. LOCATION (City, town, or county) Near Farmington, Mo		(State)			
24. FUNERAL DIRECTOR Raymond Caldwell 711 East Main Flat River, Missouri.			25. DATE RECD. BY LOCAL REG. Oct. 10, 1959		26. REGISTRAR'S SIGNATURE Esther Rudloff				

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 Donald Dale Caldwell, Student Embalmer No. 587

working under my personal supervision.

Student Donald Dale Caldwell Signed R. Caldwell
Signature of Student Embalmer

Licensed Embalmer No. 2531
P. O. Address Flat River

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.