

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043113

FILED VS DEC 9 1959 356

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston			Length of stay in 1b 2 days	c. CITY OR TOWN Mountain Grove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Houston Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #5		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Harrison Middle Edmond Last Tool				4. DATE OF DEATH Month November Day 26 Year 1959			
5. SEX Male	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 April 13, 1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jasper County, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Oscar Tool			13b. MOTHER'S MAIDEN NAME Lydia Scheeler		14. NAME OF HUSBAND OR WIFE Mrs Jessie Allen Tool		
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.	17. INFORMANT Address Mrs Jessie Tool - Mtn. Grove, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of Myocardium DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 14 hr.	
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 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 a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 November 25 to November 26 and last saw him alive on November 26, 1959 Death occurred at 6:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joe A. Wall (Degree or title) MD				22b. ADDRESS Houston, Missouri		22c. DATE SIGNED 12-1-59	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 11/29/1959	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		23d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri			
24. FUNERAL DIRECTOR ADDRESS Barber Funeral Home Mtn. Grove, Mo				25. DATE RECD. BY LOCAL REG. Dec 3-1959	26. REGISTRAR'S SIGNATURE Myrtle Craig		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 25 1960

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 _____

George Stapp

Licensed Embalmer No. 3261

P. O. Address Mr. Penn M.

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.