

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 045004

FILED VS DEC 17 1959 278

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY PIKE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Length of stay in 1b 3 WKS		c. CITY OR TOWN PAYNESVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE COUNTY HOSP			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle R. Last PATTON				4. DATE OF DEATH DEC. 4, 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 9/22/80	9. AGE (last birthday) 79	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and state or country) AFD - ELSBERRY, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME CHARLES CRANK		13b. MOTHER'S MAIDEN NAME MOLLIE SMITH		14. NAME OF HUSBAND OR WIFE WALTER - Deceased				
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 Mrs. Roy Bowles - Paynesville, Mo Address _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Azotemia and Anuria							10 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Nephroses							3 mths pl- us	
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 checked="" type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) patient accidentally fell					
20c. TIME OF INJURY Hour _____ p.m. Month, Day, Year 11/13/59	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.) about home							
		20f. CITY, TOWN, OR LOCATION Paynesville		COUNTY Pike		STATE Missouri		
21. I attended the deceased from 11/13/59 to 12/4/59 and last saw her ^{him} alive on 12/4/59 Death occurred at 12:04 P m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Chas H. Luedler M.D.				22b. ADDRESS Louisiana, Missouri			22c. DATE SIGNED 12/5/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REM. & BURIAL		23b. DATE DEC. 6, '59	23c. NAME OF CEMETERY OR CREMATOR GREENWOOD		23d. LOCATION (City, town, or county) (State) CLARKSVILLE, Mo.			
24. FUNERAL DIRECTOR O. C. Ricks		ADDRESS ELS BERRY, Mo		25. DATE RECD. BY LOCAL REG. Dec 8 - 1959	26. REGISTRAR'S SIGNATURE Bernice Culler			

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 _____

[Handwritten Signature]

Licensed Embalmer No. 4012

P. O. Address Eolsberry, N.C.

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.