

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002960

FILED VS FEB 2 1960 2 97

Registration District No. 2 97 Primary Registration District No. 6022 Registrar's No. 17

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) RICHMOND TWP.		c. CITY OR TOWN HARDIN	
Length of stay in 1b 24 hrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) RAY COUNTY MED. HOSPITAL		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle HENRY Last DEMINT			4. DATE OF DEATH Month JAN Day 20 Year 1960		
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 JULY 5, 1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) RAY COUNTY, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME ELIJAH DEMINT		13b. MOTHER'S MAIDEN NAME NANNIE BELLE FREEMAN	
14. NAME OF HUSBAND OR WIFE BLANCHE DEMINT		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 BLANCHE DEMINT - HARDIN, Mo.		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction		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) _____ 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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 _____ s.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 **1/19/60** to **death** and last saw **him** alive on **1/20/60**
Death occurred at **8:10 p.m. 1/20/60** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. G. Crozier, MD (Degree or title)		22b. ADDRESS Richmond, Missouri		22c. DATE SIGNED 1/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-23-60		23c. NAME OF CEMETERY OR CREMATORY HARDIN CEM.	
23d. LOCATION (City, town, or county) HARDIN, Mo.		24. FUNERAL DIRECTOR KNIPSCHILD & BOEHERDING - HARDIN, Mo.		25. DATE RECD. BY LOCAL REG. 1-26-1960	
26. REGISTRAR'S SIGNATURE Malcolm Jackson					

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

Reginald Borcharding

Licensed Embalmer No. 4678

P. O. Address Hardin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.