

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007730
STATE FILE NUMBER

FILED VS. FEB 16 1960 97

Registration District No. Primary Registration District No. 3057 Registrar's No. 21

INDEXED

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Length of stay in lb 30 min.		c. CITY OR TOWN 10 mi. S.E. Braymer		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr. F. A. Crozier Office			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 10 mi. SE Braymer Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First BETH Middle ANN Last AMERY				4. DATE OF DEATH Month 1 Day 30 Year 1960									
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 2/17/1959		9. AGE (last birthday) 0		IF UNDER 1 YEAR Months 11 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) child			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Ray Co., Mo.			12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME Donald Amery				13b. MOTHER'S MAIDEN NAME Pauline Miller				14. NAME OF HUSBAND OR WIFE none					
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 Donald Amery, Rt. 1, Norborne, M 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) Anaphylaxis										INTERVAL BETWEEN ONSET AND DEATH Sudden			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Penicillin sensitivity 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 checked="" 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 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 2/17/59 to 1/30/60 and last saw her her alive on 1/30/60 Death occurred at 5:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>F. A. Crozier</i> (Degree or title)				22b. ADDRESS Richmond, Missouri				22c. DATE SIGNED 2/1/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/1/1960		23c. NAME OF CEMETERY OR CREMATORY Evergreen cemetery			23d. LOCATION (City, town, or county) Braymer, Mo. (State)						
24. FUNERAL DIRECTOR Michael Funeral Home, Braymer, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 2-8-1960		26. REGISTRAR'S SIGNATURE <i>Malcolm Jackson</i>							

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

Leub, Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

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.