

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009553

FILED VS MAR 7 1960 381

STATE FILE NUMBER

Registration District No. 281 Primary Registration District No. 6129 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY SULLIVAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SULLIVAN					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TWP		Length of stay in 1b LIFE		c. CITY OR TOWN POTTOCK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) NORTHWEST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last BESSIE LEE WILSON				4. DATE OF DEATH Month Day Year FEB 28 1960					
5. SEX FE	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-24-1874	9. AGE (last birthday) 68	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 -		11. BIRTHPLACE (City and state or country) POTTOCK MO		12. CITIZEN OF WHAT COUNTRY 26-204		
13a. FATHER'S NAME JOHN R WILSON			13b. MOTHER'S MAIDEN NAME LUCRETIA MORLAN			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 Address MADIE GRINDSTAFF POTTOCK MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Double lobar pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis DUE TO (c) hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic hypertrophic arthritis							INTERVAL BETWEEN ONSET AND DEATH 2 weeks Auto-influenza		
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 Feb 28-60 to Feb 28-60 and last saw her Feb 28-60 live on Feb 28-60 Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Chas L. Judd DO (Degree if applicable)			22b. ADDRESS Unionville MO 21396			22c. DATE SIGNED MO 2/29/60 (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-2-60	23c. NAME OF CEMETERY OR CREMATORY OLD BAPTIST		23d. LOCATION (City, town, or county) POTTOCK		23e. (State) MO		
24. FUNERAL DIRECTOR RIGGEN FUNERAL HOME MILAN ADDRESS			25. DATE RECD. BY LOCAL REG. 3-3-60		26. REGISTRAR'S SIGNATURE Mrs. M.W. Beckett				

DOCUMENT

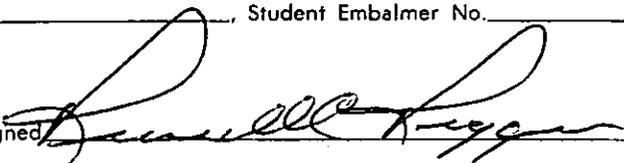
MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 3782
P. O. Address Melan, Va

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.