

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 25 1960 87

60-010385
STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. 4

3-30-60
3-30-60
influenza
DOCUMENT
18.I.(b) Mitrel stenosis
18.I.(c) Rheumatic heart disease
BY AFFIDAVIT OF attending physician
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Crawford									
b. CITY (If outside corporate limits, give TOWNSHIP only) Sullivan Mo.		Length of stay in 1b 4Iyrs		c. CITY OR TOWN Sullivan Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 319 S. Park Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 319 S. Park Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Quenton Middle Adren Last Dace				4. DATE OF DEATH Month March 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 7-22-1918		9. AGE (last birthday) 41		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watch Maker				10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Crawford County Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY					
13a. FATHER'S NAME James Dace				13b. MOTHER'S MAIDEN NAME Genevieve Hill				14. NAME OF HUSBAND OR WIFE Geneva Dace					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes V.W.2				16. SOCIAL SECURITY NO. 495-30-8983		17. INFORMANT Address Geneva Dace Sullivan Mo.							
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) Myocardial infarction Cardiac decompensation										weeks 5-6 wks			
DUE TO (b) Myocardial infarction mitrel stenosis										15-18 years			
DUE TO (c) Rheumatic heart disease										15-18 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis Recent influenza and pneumonia										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 Month, Day, Year a.m. p.m.		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 Sept 1959 to Nov 20-60 and last saw him alive on Mar 20-1960 Death occurred at 12A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Robert T. Shaffer (Degree or title)				22b. ADDRESS Mo Sullivan Mo.				22c. DATE SIGNED Mar 20-60					
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-23-1960		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Memorial		23d. LOCATION (City, town, or county) Sullivan Mo. (State)							
24. FUNERAL DIRECTOR Thos. P. Shaffer Sullivan Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 3-22-1960		26. REGISTRAR'S SIGNATURE Ed Long							

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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 Phos. P. Shaffer

Licensed Embalmer No. 2692

P. O. Address Sullivan

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.

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