

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013868

FILED VS APR 6 1960

338

Registration District No. 4521

Registrar's No. 14

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>STODDARD</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>STODDARD</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BLOOMFIELD</b>		Length of stay in 1b <b>YRS.</b>		c. CITY OR TOWN <b>BLOOMFIELD,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At family home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>---</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>EFFIE</b> Middle <b>EDWARDS</b> Last <b>CATES</b>				4. DATE OF DEATH Month <b>MARCH</b> Day <b>29</b> Year <b>1960</b>					
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-8-1880</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (City and state or country) <b>Bloomfield, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Jesse Walker</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Sarilda Lewis</b>			14. NAME OF HUSBAND OR WIFE <b>Rufus Cates</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Rufus Cates, Bloomfield, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>years</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
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			
19. WAS AUTOPSY PERFORMED? YES <input 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 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 <b>Aug 54</b> , to <b>March 29</b> and last saw her alive on <b>3-29-60</b> Death occurred at <b>2:15 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Stephen Barber D.D.</b>				22b. ADDRESS <b>Bloomfield, Mo</b>				22c. DATE SIGNED <b>3-30-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Mar. 30-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bloomfield cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Bloomfield, Missouri</b>				
24. FUNERAL DIRECTOR ADDRESS <b>CHILES UND. CO., BLOOMFIELD, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>4-1-1960</b>		26. REGISTRAR'S SIGNATURE <b>Mr. George L. Baker</b>			

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

on or by Lulu Cooper # 3499, ~~Student Embalmer~~ No. \_\_\_\_\_

~~WORKING UNDER MY SUPERVISION~~

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Juan B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, M

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.