URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

60-018191

STATE FILE NUMBER

ENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville
Length of stay in 1b 2 das
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Adair
c. CITY OR TOWN Novinger
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS Novinger (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Geneva Middle Sturtcman Last Ownbey

4. DATE OF DEATH Month May Day 3, Year 1960

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3/12/1878
9. AGE (last birthday) 82
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) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Schuyler Co., Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Henry B. Evans
13b. MOTHER'S MAIDEN NAME Nancy J. McKenzie
14. NAME OF HUSBAND OR WIFE x

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) x
16. SOCIAL SECURITY NO. 491 14 2107
17. INFORMANT Harry Sturtcman, Address Albuquerque, N. M.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Paralytic Ileus due to
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Mesenteric Thrombosis due to
DUE TO (c) Generalized Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1:30 pm 5-2-60, to 5:35 am 5-3-60 and last saw her/him alive on 5-2-60
Death occurred at 5:35 am 5-3-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard P. Valuck DO (Degree or title)
22b. ADDRESS Kirksville, Mo.
22c. DATE SIGNED 5-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/6/60
23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery
23d. LOCATION (City, town, or county) Novinger, Mo. (State)

24. FUNERAL DIRECTOR Paul M. Riley
ADDRESS Kirksville, Mo.
25. DATE RECD. BY LOCAL REG. 5-7-1960
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

RICHARD P. VALUCK, D.O.

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 George W. Davolt

Licensed Embalmer No. 479 9

P. O. Address Kuksville

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