

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018875

FILED VS JUN 8 1960

100

Primary Registration District No.

Registrar's No.

48

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived, if institution - Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Waskies</u>	Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Lenox</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>362 E. 9 Lenox Mo</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Leavner Isabella Brown</u>			4. DATE OF DEATH Month Day Year <u>June 2, 1960</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-20-1878</u>	9. AGE (Use birthday) <u>82</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lenox Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>W. Tate</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Ann Young</u>	14. NAME OF HUSBAND OR WIFE <u>Salmon</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT <u>W. H. Brown</u>	Address <u>Salmon Mo</u>
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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 <u>5 days</u>
IMMEDIATE CAUSE (a)	<u>cardiac + pulmonary arrest</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)	<u>pulmonary thrombosis</u>	
DUE TO (c)	<u>congestive heart disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe Arteriosclerosis</u>		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 1959 to 1960 and last saw her live on June 2, 1960
Death occurred at 5:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Druggist or title) <u>B. J. Myers D.O.</u>	22b. ADDRESS <u>Licking, Mo</u>	22c. DATE SIGNED <u>6-4-60</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-5-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lenox Cem.</u>
24. GENERAL DIRECTOR <u>Smith & Ferguson</u>	ADDRESS <u>Licking Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6/6/60</u>
		26. REGISTRAR'S SIGNATURE <u>M. M. Stark, M.D.</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 14 1961

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

Erberto Ferguson

Licensed Embalmer No. *394*

P. O. Address *Asking*

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