

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 13 1960

60-020306

Registration District No. 272 Primary Registration District No. 4403 Registrar's No. 25

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Steele		Length of stay in 1b		c. CITY OR TOWN Steele		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 110 Canal			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Fannie Nichols				4. DATE OF DEATH Month 5 Day 28 Year 60			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-18-84	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months 1 Days 10	IF UNDER 24 HR Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) OBion Co. Tenn.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME William Reagan			13b. MOTHER'S MAIDEN NAME Mariah Simon		14. NAME OF HUSBAND OR WIFE		
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.		17. INFORMANT Address Fred Nichols Steele, 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) <u>Abdominal carcinoma</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Etiology Unknown, D.O.A.</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 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 <u>Feb. 6, 1960</u> to <u>22 Mar 1960</u> and last saw her alive on <u>22 March 1960</u> Death occurred at <u>4:45 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (If degree or title) <u>Robert Bartlett D.O.</u>				22b. ADDRESS <u>Steele, Mo.</u>		22c. DATE SIGNED <u>June 60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-30-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion		23d. LOCATION (City, town, or county) Steele, Missouri			
24. FUNERAL DIRECTOR ADDRESS German Funeral Home Steele, Mo.			25. DATE RECD. BY LOCAL REG. 6-10-60		25. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

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
or by Jim F. McClure, Student Embalmer No. 596

working under my personal supervision.

Student Jim F. McClure
Signature of Student Embalmer

Signed Noel Jean

Licensed Embalmer No. 3441

P. O. Address Caruth

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