

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 20 1960

=60-022472

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. \_\_\_\_\_ Registrar's No. 339

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| a. COUNTY<br><b>Butler</b>  | a. STATE <b>Missouri</b> COUNTY <b>Butler</b>  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>Neelyville</b> | Length of stay in 1b   | c. CITY OR TOWN<br><b>Neelyville</b>  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Star Route</b>                              | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>Star Route</b>                    | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|                                     |                       |                      |                        |                  |                     |                 |                     |
|-------------------------------------|-----------------------|----------------------|------------------------|------------------|---------------------|-----------------|---------------------|
| 3. NAME OF DECEASED (Type or print) | First<br><b>KATIE</b> | Middle<br><b>ANN</b> | Last<br><b>STANLEY</b> | 4. DATE OF DEATH | Month<br><b>MAY</b> | Day<br><b>5</b> | Year<br><b>1960</b> |
|-------------------------------------|-----------------------|----------------------|------------------------|------------------|---------------------|-----------------|---------------------|

|                         |                                  |   |                                       |                                     |  |  |
|-------------------------|----------------------------------|---|---------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-29-1886</b> | 9. AGE (last birthday)<br><b>73</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|-------------------------|----------------------------------|---|---------------------------------------|-------------------------------------|--|--|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br>- - - - - | 11. BIRTHPLACE (City and state or country)<br><b>Illinois</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
|---|--|---|---|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><b>William Jones</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b> |
|--|---|--|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Jesse A. Stanley</b> | Address<br><b>Neelyville, Mo</b> |
|---|--|--|----------------------------------|

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| PART I. IMMEDIATE CAUSE (a) <b>Peritonitis</b>  |  | <b>5-30-1960</b>   |
| DUE TO (b) <b>of dorsal surgery</b>   |  | <b>5-5-1960</b>  |
| DUE TO (c) <b>She had a gastro intestinal 5-25-1960</b>   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>gastro intestinal accident</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.                  |
|   |  | <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown |

|   |   |   |
|---|---|---|
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>gastro intestinal accident</b> |
|---|---|---|

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY<br>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>4-29-1960</b> to <b>5-5-1960</b> and last saw her <b>alive on 5-5-1960</b>       |
| Death occurred at <b>11:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |

|                                      |                                  |   |                                   |
|--------------------------------------|----------------------------------|---|-----------------------------------|
| 22a. SIGNATURE<br><i>[Signature]</i> | (Degree or title)<br><b>M.D.</b> | 22b. ADDRESS<br><b>Poplar Bluff, Missouri</b> | 22c. DATE SIGNED<br><b>6-8-60</b> |
|--------------------------------------|----------------------------------|---|-----------------------------------|

|  |                            |  |  |
|--|----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>5-9-60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Hvam Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Neelyville, Missouri</b> |
|--|----------------------------|--|--|

|   |                                     |  |   |
|---|-------------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><b>Greer Croy &amp; Fitch</b> | ADDRESS<br><b>Poplar Bluff, Mo.</b> | 25. DATE ECDD. BY LOCAL REG.<br><b>6/10/60</b> | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i> |
|---|-------------------------------------|--|---|

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Philip J. Cassin

Licensed Embalmer No. 460

P. O. Address Poplar B

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.