URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-023001

STATE FILE NUMBER

FILED VS JUN 27 1960

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 102

ENDED

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains — Length of stay in 1b: NKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1128 Grace — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell
c. CITY OR TOWN West Plains — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1128 Grace — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Bessie B. Geary
4. DATE OF DEATH Month Day Year: 6-2-60
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 10-20-79
9. AGE (last birthday): 80
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): Hwife
10b. KIND OF BUSINESS OR INDUSTRY: ✓ ✓
11. BIRTHPLACE (City and state or country): Chicago Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: unk
13b. MOTHER'S MAIDEN NAME: unk
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): ✓ ✓
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Mrs N. L. Geary — Address: West Plains 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): MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART DIS. — YEARS
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ARTERIOSCLEROSIS, GENERALIZED
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 5-21-55 to 6-2-60 and last saw her/him alive on 5-16-60
Death occurred at 7:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack N. Wiles, M.D.
22b. ADDRESS: West Plains, Mo.
22c. DATE SIGNED: 6-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify): [illegible]
23b. DATE: 6-16-60
23c. NAME OF CEMETERY OR CREMATORY: St. Josephs
23d. LOCATION (City, town, or county) (State): White Church Mo

24. FUNERAL DIRECTOR: Caberlon — ADDRESS: West Plains Mo
25. DATE RECD. BY LOCAL REG.: 6-23-60
26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

DEC 19 1982

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 243

P. O. Address

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