

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023774

FILED VS JUN 22 1960

195

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 52-60 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rocky Comfort</u>		Length of stay in 1b <u>life</u>	c. CITY OR TOWN <u>Poweshh</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 <u>RT</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RT</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Nancy Creihha Cook</u>			4. DATE OF DEATH Month Day Year <u>6-10-1960</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>3-14-1876</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u> Hours <u></u> Min. <u></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 <u>JAME</u>	11. BIRTHPLACE (City and state or country) <u>Cychove Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S</u>	
13a. FATHER'S NAME <u>JAMES COWAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY PHIBBIS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS MARY CHARL POWESHH</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>NO</u>	17. INFORMANT <u>MRS MARY CHARL POWESHH</u> Address		

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>MINUTES</u>
IMMEDIATE CAUSE (a) <u>Medullary Failure</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>BASILAR ENCEPHALOMALACIA</u>	
DUE TO (c)		<u>3 weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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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 _____
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21. I attended the deceased from 5-8-60 to 5-8-60 and last saw her ^{her} _{him} alive on 5-8-60
Death occurred at 7:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Edmond</u> (Degree or title)	22b. ADDRESS <u>Stella, Missouri</u>	22c. DATE SIGNED <u>6-13-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-12-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>COWAN CEM</u>	23d. LOCATION (City, town, or county) (State) <u>McDonald Co Mo.</u>
24. FUNERAL DIRECTOR <u>Humphrey & Son FH.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>6/13/60</u>	26. REGISTRAR'S SIGNATURE <u>Mary U. Bradley</u>

(Licensed Embalmer's Statement on Reverse Side)

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 Maguire E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Quincy

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.