

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

-60-025632

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 226

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Adair County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lebanon</u>		Length of stay in 1b <u>10 DAYS</u>		c. CITY OR TOWN <u>Memphis Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H.O.A.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>362 S Adams</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Caroline Elsie Black</u>				4. DATE OF DEATH Month Day Year <u>7 24 60</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-14-69</u>	9. AGE (last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days <u>5 10</u>	IF UNDER 24 HR Hours Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nursing</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>nursing</u>		11. BIRTHPLACE (City and state or country) <u>Scotland County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>		
13a. FATHER'S NAME <u>John J. Black</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Church</u>		14. NAME OF HUSBAND OR WIFE <u>Ira R. Eager</u>			Address <u>Memphis Mo</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>Ira R. Eager</u>				
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>metastatic carcinoma lung</u> DUE TO (b) <u>adenocarcinoma lung</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</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.)					
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>Aug 1958</u> to <u>July 24, 1960</u> and last saw <u>her</u> alive on <u>July 24</u> Death occurred at <u>2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>W. L. Lutencher</u> (Degree or title)				22b. ADDRESS <u>Richsville Mo</u>				22c. DATE SIGNED <u>7-26-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7/26/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>M. Adams Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mo</u>			
24. FUNERAL DIRECTOR <u>D. W. Gay & Sons</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>7-29-1960</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Raloff</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. J. GUTENSOHN, D.O.

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 D. Payne
Licensed Embalmer No. 2596
P. O. Address Memphis,

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.