

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026113
STATE FILE NUMBER

FILED VS JUL 19 1960 47 Primary Registration District No. 3008 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in 1b 27 Days	c. CITY OR TOWN Fulton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 715 Walnut Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Miriam Middle Weeks Last Weeks			4. DATE OF DEATH Month July Day 9 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-23-1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months 10 Days 16 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk		10b. KIND OF BUSINESS OR INDUSTRY unk		11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Gingrich		13b. MOTHER'S MAIDEN NAME Bertha ?GINGRICH		14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. unk		17. INFORMANT Address State Hospital No. 1 Fulton, 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) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH
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)		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 checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hospital No. 1 6-13-60		20f. CITY, TOWN, OR LOCATION COUNTY STATE Fulton, Mo.	
21. <input checked="" type="checkbox"/> attended the deceased from 10:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) R. C. Roberts M.D.		22b. ADDRESS Fulton, Mo.		22c. DATE SIGNED 7/9/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-11-60	23c. NAME OF CEMETERY OR CREMATORY HILLCREST	23d. LOCATION (City, town, or county) (State) FULTON MO.		
24. FUNERAL DIRECTOR ADDRESS Maxine Funeral Home Fulton		25. DATE RECD. BY LOCAL REG. July 12-1960	26. REGISTRAR'S SIGNATURE Maretha Lawrence		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 6 I 700 SA

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 _____

J. V. Ross
Licensed Embalmer No. 2553

P. O. Address Hull

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.

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