URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

-60-026629

STATE FILE NUMBER

NDED

Registration District No. 137 Primary Registration District No. 3623 Registrar's No. 179

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton — Length of stay in 1b: 16 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hospital — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Ada Middle J. Last Straw
4. DATE OF DEATH: Month July Day 11 Year 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb-25-1876
9. AGE (last birthday): 84
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): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Millinery Shop
11. BIRTHPLACE (City and state or country): St. Clair Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Jones
13b. MOTHER'S MAIDEN NAME: Mary S. Thiele
14. NAME OF HUSBAND OR WIFE: Rush Straw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Inez Straw — Address: Deepwater Mo.

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Broncho Pneumonia	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Thrombosis	11 days
DUE TO (c)	Generalized arteriosclerosis	2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

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 5-12, 1952 to July 11, 1960 and last saw her/him alive on July 11, 1960
Death occurred at 6:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. B. Hughes (Degree or title) M.D.
22b. ADDRESS: Clinton Mo.
22c. DATE SIGNED: July 13-1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July-13-1960
23c. NAME OF CEMETERY OR ~~CREMATORY~~: Englewood Cemetery
23d. LOCATION (City, town, or county): Clinton (State): Mo.
24. FUNERAL DIRECTOR: Melvin L. Janssens — ADDRESS: Deepwater
25. DATE RECD. BY LOCAL REG.: July 13 1960
26. REGISTRAR'S SIGNATURE: Mildred Bigerm

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JUL 18 1960

AUG 8 1960

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 Melvin L. Janssen

Signature of Student Embalmer

Licensed Embalmer No. 4 S 2

P. O. Address Appleton

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.