# IRL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

-60-027761
STATE FILE NUMBER

NDED

Registration District No. ~~4386~~ 254 Primary Registration District No. 4386 Registrar's No. 33

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: OREGON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: THAYER — Length of stay in 1b: 4 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: MARILYN Middle: DIANE Last: WOTEN
4. DATE OF DEATH: Month: JUNE Day: 29 Year: 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-29-1960
9. AGE (last birthday): 4 hours — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HR: Hours: 4 Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): THAYER, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: EZRA WOTEN
13b. MOTHER'S MAIDEN NAME: EDNA IVA
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: EZRA WOTEN Address: MAMMOTH SPRING, ARK.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Stenosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
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. ☐ 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 June 29 1960, to ____ and last saw her/him alive on June 29 1960
Death occurred at 8:00 A.M. ____ m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: O W Cooper (Degree or title): M D
22b. ADDRESS: Thayer Mo
22c. DATE SIGNED:

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-29-1960
23c. NAME OF CEMETERY OR CREMATORY: RIVERSIDE CEMETARY
23d. LOCATION (City, town, or county) (State): MAMMOTH SPRING, ARKANSAS
24. FUNERAL DIRECTOR: Leland Carter ADDRESS: West Plains Mo
25. DATE RECD. BY LOCAL REG.: 7-3-1960
26. REGISTRAR'S SIGNATURE: Arthur Wolff

(Licensed Embalmer's Statement on Reverse Side)

**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 Leland Carter

Signature of Student Embalmer

Licensed Embalmer No. 4516

P. O. Address West Phil

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.