RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-027878
STATE FILE NUMBER

LED VS JUL 25 1960
IDED

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston — Length of stay in 1b 2½ yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Haven Of Rest Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Platte
c. CITY OR TOWN Parkville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Hiway. 45 - R.F.D. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Hattie Middle Bell. Last Duley
4. DATE OF DEATH Month July Day 11 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH June 16-1863
9. AGE (Last birthday) 97 — 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) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY at home.
11. BIRTHPLACE (City and state or country) Athens Ohio
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Jacob. Stalden
13b. MOTHER'S MAIDEN NAME Mary Dowler.
14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None.
17. INFORMANT Mrs. C.A. Miller Address Parkville Mo

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) Coma, from chronic nephritis 48 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cystitis, pyelitis, ch. nephritis 2 yrs
DUE TO (c) Senility 2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senile dementia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ XXXXX
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ XXXXXXX
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) XXXXXXX
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year XXXXXXXXXXX XXXXXXXXXXX
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ XXXXX
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXX
20f. CITY, TOWN, OR LOCATION Weston COUNTY Platte STATE Missouri

21. I attended the deceased from Jan. 15, 1958, to July 11 60 and last saw her/him alive on July, 11, 6
Death occurred at 11 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lewis C. Calvert M.D.
22b. ADDRESS Weston Mo
22c. DATE SIGNED 7/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE July. 14-60
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove
23d. LOCATION (City, town, or county) Parkville. (State) Mo

24. FUNERAL DIRECTOR Leland K Francis ADDRESS Parkville.
25. DATE RECD. BY LOCAL REG. July 14. 1960
26. REGISTRAR'S SIGNATURE Ophia Rollins.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Haddon E. Francis

Signature of Student Embalmer

Licensed Embalmer No. 5080

P. O. Address 401 Main St. Parkville, Mo

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.