

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030104

FILED VS SEP 13 1960

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 24

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Malden		Length of stay in 1b minutes	c. CITY OR TOWN Parma, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to the Doctor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Rt. 1 (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Mary	First Mary	Middle -----	Last Washington	4. DATE OF DEATH Sept 6, 1960	Month Sept	Day 6	Year 1960
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5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-12-1912	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Memphis, Tenn.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Frances Woolard	14. NAME OF HUSBAND OR WIFE White Washington, Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Doretha Washington Bard Parma, Mo.	Address
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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)	Coronary Occlusion	Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) UNKNOWN	
	DUE TO (c) UNKNOWN	
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 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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 Malden	COUNTY Missouri	STATE
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21. I attended the deceased from **PATIENT DEAD ON EXAMINATION** and last saw her **12:05** on **9-6-60** the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at **12:05**

22a. SIGNATURE Large Lange DO	(Degree or title)	22b. ADDRESS MALDEN, MISSOURI	22c. DATE SIGNED 9-6-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-11-60	23c. NAME OF CEMETERY OR CREMATORY Oak Grove	23d. LOCATION (City, town, or county) Charleston, Missouri	(State)
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24. FUNERAL DIRECTOR Duffie - Rainey Funeral Home	ADDRESS Bernie, Mo.	25. DATE RECD. BY LOCAL REG. 9-9-60	26. REGISTRAR'S SIGNATURE J. Dr. Schaeffer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond L. Duffin

Licensed Embalmer No. 4798

P. O. Address Berne,

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.