

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034155

FILED VS **OCT 4 1960** 70 Registration District No. Primary Registration District No. **4124** Registrar's No. **41**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rahoka		c. CITY OR TOWN Granger	
Length of stay in 1b 2 yr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Walker Rest Home		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Fannie Middle Marie Last Sample			4. DATE OF DEATH Sept. 18-1960 Month Day Year				
5. SEX female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/18/1863	9. AGE (last birthday) 97	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pittsburg Pa.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Mills		13b. MOTHER'S MAIDEN NAME Helia Caubay		14. NAME OF HUSBAND OR WIFE John S. Sample			

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. None		17. INFORMANT Frank C. Sample - New London La.		Address	
---	--	--	--	--	--	---------	--

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 6 hours
IMMEDIATE CAUSE (a) Cerebral Hemorrhage			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			
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 Month, Day, Year a.m. p.m.		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 COUNTY STATE	

21. I attended the deceased from **9-10-60** to **9-18-60** and last saw her ^{her} _{him} alive on **9-18-60**
Death occurred at **1:30 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. Channing (Degree or title)		22b. ADDRESS Rahoka Mo		22c. DATE SIGNED 9-20-60	
---	--	-------------------------------	--	---------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 21-1960		23c. NAME OF CEMETERY OR CREMATORY Black Oak Cemetery		23d. LOCATION (City, town, or county) (State) Scotland Co. Mo.	
--	--	--------------------------------	--	---	--	--	--

24. FUNERAL DIRECTOR Oliver L. Tutting		ADDRESS Rahoka Mo		25. DATE RECD. BY LOCAL REG. 9-26-1960		26. REGISTRAR'S SIGNATURE J.R. Bulger	
--	--	--------------------------	--	---	--	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 5 1960

OCT 14 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin S. Guttery

Licensed Embalmer No. 3965

P. O. Address Maya

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.