

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

--60-038167

FILED VS OCT 24 1960

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 263

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Length of stay in 1b <b>3 days</b>		c. CITY OR TOWN <b>Blairstown</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Clinton Memorial Hosp</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. Blairstown</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>RUTH</b> Middle <b>MARIE</b> Last <b>SAMMONS</b>				4. DATE OF DEATH Month <b>October</b> Day <b>17</b> Year <b>1960</b>						
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/23/39</b>		9. AGE (last birthday) <b>20</b> IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and state or country) <b>Modale, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Howard Sammons</b>				13b. MOTHER'S MAIDEN NAME <b>Florence Williams</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>XXXX</b>		17. INFORMANT Address <b>Howard Sammons, Blairstown, Mo.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac arrest</b>							INTERVAL BETWEEN ONSET AND DEATH <b>same</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypotemia</b>							<b>3 days</b>			
DUE TO (c) <b>Congenital Kidney Defect - End Stage Kidney</b>							<b>20 years</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Congenital absence of a lumbar vertebra - Invaldian since birth</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year								
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 <b>10-15-60</b> to <b>10-17-60</b> and last saw her <sup>her</sup> alive on <b>10-17-60</b> Death occurred at <b>approx. 3:00 p</b> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <b>Gene A. McFadden M.D.</b>				22b. ADDRESS <b>Clinton, Mo.</b>			22c. DATE SIGNED <b>10-22-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/20/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Page Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Quick City, Missouri.</b>				
24. FUNERAL DIRECTOR <b>Canaday &amp; Ropp, Holden, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>Oct 25, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigman</b>				

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*M. J. Cavalley*

Licensed Embalmer No. 3434

P. O. Address Holden, Miss

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.