JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-040905

STATE FILE NUMBER

FILED VS NOV 28 1960

Registration District No. 1 Primary Registration District No. — Registrar's No. 336

NDED

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Novinger
Length of stay in 1b —
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 Mo b. COUNTY Adair
c. CITY OR TOWN Novinger
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS — (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Lizzie Middle Elizabeth Last Thomas

4. DATE OF DEATH Month 11 Day 9 Year 60

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8-19-70
9. AGE (last birthday) 90
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) Domestic
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Bevier Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Griffith
13b. MOTHER'S MAIDEN NAME Sarah Harris
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Ronald Elsea Address Novinger

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) Chronic Valvular Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —
INTERVAL BETWEEN ONSET AND DEATH 10 yrs

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 ☐ no no no
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 1955 to 11-9-60 and last saw her alive on 11-9-60
Death occurred at 5 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Garrison (Degree or title) M D
22b. ADDRESS Novinger Mo.
22c. DATE SIGNED 11-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-11-60
23c. NAME OF CEMETERY OR CREMATORY East Oakwood Cem
23d. LOCATION (City, town, or county) (State) Bevier Mo

24. FUNERAL DIRECTOR H. G. Edwards ADDRESS Bevier Mo
25. DATE RECD. BY LOCAL REG. 11-19-60
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Funeral director DOCUMENT

NOV 30 1960

VS DEC 15 1960

H.T. GARRISON, M.D.

OCT 9 1961

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 H. G. Edwards

Signature of Student Embalmer

Licensed Embalmer No. 1961

P. O. Address Bevier W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.