RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042884

STATE FILE NUMBER

FILED VS NOV 21 1960

Registration District No. 3 Primary Registration District No. Registrar's No. 4342

1. PLACE OF DEATH
a. COUNTY MONTGOMERY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JONESBURG
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 MONTGOMERY
c. CITY OR TOWN JONESBURG
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ALICE Middle: EMMA Last: DOTHAGE

4. DATE OF DEATH Month: Nov Day: 15 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-3-80

9. AGE (last birthday): 80

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): Worker Bank

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Lincoln County Mo

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: George Wyatt

13b. MOTHER'S MAIDEN NAME: Catherine Wells

14. NAME OF HUSBAND OR WIFE: Wm Dothage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 494-22-0664

17. INFORMANT: Wm Dothage Address: Jonesburg Mo

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) ACUTE MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CARCINOMA of Stomach — 18 Mo.

DUE TO (c) CARCINOMA of LIVER — 3 MO.

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 ☐

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 April 3. 1957, to Nov. 14 1960 and last saw her/him alive on Nov 14 1960

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: James O. Helm (Degree or title) MD

22b. ADDRESS: New Florence Mo.

22c. DATE SIGNED: 11-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-17-60

23c. NAME OF CEMETERY OR CREMATORY: Jonesburg

23d. LOCATION (City, town, or county): Jonesburg (State) Mo.

24. FUNERAL DIRECTOR: C.A. Harding ADDRESS: Jonesburg Mo

25. DATE RECD. BY LOCAL REG.: November 17, 1960

26. REGISTRAR'S SIGNATURE: Mrs. John W. Dyke Jr. Deputy Registrar

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Carl A. Harden

Signature of Student Embalmer

Licensed Embalmer No. 4115

P. O. Address Jonesburg

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