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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-042908
STATE FILE NUMBER

D VS NOV 18 1960

Registration District No. 240

Primary Registration District No. 5857

Registrar's No. 31

1. PLACE OF DEATH a. COUNTY New Madrid		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 Lewis Twp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN North Lilbourn Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION House 19 N. Lilbourn		d. STREET ADDRESS (If outside, give location) House 19 N. Lilbourn	
Length of stay in lb 15 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Davis Last Frederick		4. DATE OF DEATH Month November Day 3 Year 1960	
5. SEX Male 6. COLOR OR RACE Colored		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher		8. DATE OF BIRTH 7-12-1880	
9. FATHER'S NAME Oliver Frederick		9. AGE (In years last birthday) 80	
10. MOTHER'S NAME Lucy Fowler		10. BIRTHPLACE (City and state or country) Friar Point, Mississippi	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
12. SOCIAL SECURITY NO.		12. MOTHER'S MAIDEN NAME St. Louis, Mo.	
13. INFORMANT Robert Frederick		Address 1311a Shreve Ave.	
8. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro - Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arteriosclerosis DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH 7 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			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 4:30 Month Nov Day 29 Year 1960 a. m. A.M. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION New Madrid, Mo.		20f. COUNTY NEW MADRID STATE MISSOURI	
21. I attended the deceased from Sept 10 to 29 Oct 60 and last saw ^{her} him alive on 24 Oct 60 Death occurred at 4:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles E. Ruder MD (Degree or title)		22b. ADDRESS New Madrid, Mo.	
22c. DATE SIGNED 4 Nov 60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-6-1960	
23c. NAME OF CEMETERY OR CREMATORY Simmons Burial Park		23d. LOCATION (City, town, or county) (State) Near Catron, Mo.	
24. FUNERAL DIRECTOR Under Funeral Home-Lilbourn, Mo.		25. DATE RECD. BY LOCAL REG. 11-5-1960	
26. ADDRESS		25. REGISTRAR'S SIGNATURE H. L. S. onder Deputy	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of
by me, or by, Studente was embalmed by m
working under my personal supervision..

balmer No. _____

Student.....
Signature of Student Embalmer

Signed *[Signature]*

License

P. O. A _____
er No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his O
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.

ITING. (Failure to com