

SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-002643

FILED VS JAN 23 1961

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 10

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | | | | | | | | | |
|---|--|---|---|---|--|--|---|--|---|--|--|------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Ray | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township | | Length of stay in 1b 10 days. | | c. CITY OR TOWN Richmond | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Ray County Memorial Hospital | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 145 Benton | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Joiner | | | | 4. DATE OF DEATH Month Day Year January 15, 1961 | | | | | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 8-28-1885 | | 9. AGE (last birthday) 75 | | 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) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | | | 11. BIRTHPLACE (City and state or country) Ray County, Missouri | | | 12. CITIZEN OF WHAT COUNTRY United States | | | | |
| 13a. FATHER'S NAME Lafayette Cox | | | | 13b. MOTHER'S MAIDEN NAME Alice J. Craig | | | | 14. NAME OF HUSBAND OR WIFE Abe Joiner | | | | | |
| 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 Address Abe Joiner, Richmond, Missouri | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH INST | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Arteriosclerosis | | | | | | | | | | 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 a.m. 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 1-6-61 to 1-15-61 and last saw her alive on 1-15-61 Death occurred at 1:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE E E Jay (Degree or title) | | | | | 22b. ADDRESS Richmond | | | 22c. DATE SIGNED 1-16-61 | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 1-17-1961 | | 23c. NAME OF CEMETERY OR CREMATORY Memory Gardens | | | 23d. LOCATION (City, town, or county) (State) Richmond, Missouri | | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Quest Life Funeral Home Richmond, Missouri | | | | 25. DATE RECD. BY LOCAL REG. 1-18-1961 | | 26. REGISTRAR'S SIGNATURE Maluel Jackson | | | | | | | |

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 *George H. Cole*

Licensed Embalmer No. 4066

P. O. Address *Richmond, Va.*

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.