

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-42-61-016951
STATE FILE NUMBER

AMENDED

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 61-42

FILED MAY 22 1961

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dade</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lockwood</u> Length of stay in 1b <u>15 weeks</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Good Shepherd Nursing Home</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Barton</u> c. CITY OR TOWN <u>Golden City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
|---|--|---|--|

| | | | | | | | |
|--|-------------------------------|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>IRIS</u> Middle <u>CORAL</u> Last <u>PRIEST</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>19</u> Year <u>1961</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4/7/1930</u> | 9. AGE (last birthday) <u>31</u> | 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) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (City and state or country) <u>Beaver Co. Okla.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>David T. Disney</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Charlotte R. Roberts</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lester Ray Priest</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 17. INFORMANT Address <u>Lester R. Priest, Golden City, Mo.</u> | | | | |

| | | |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probably coronary occlusion on M.I.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe Rheumatoid arthritis</u> DUE TO (c) <u>marked crippling.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u> |
| 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. <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 _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | | | |
| 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 <u>2-6-61</u> to <u>5/19/61</u> and last saw <u>him</u> alive on <u>5/18/61</u> Death occurred at <u>1:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |

| | | | | | |
|---|--|-------------------------------|---|--|---|
| 22a. SIGNATURE (Degree or title) <u>Sherril Taylor, M.D.</u> | | | 22b. ADDRESS <u>Lockwood Mo</u> | | 22c. DATE SIGNED <u>5/19/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>May 21, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Golden City, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Phillips Funeral Home, Golden City, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>5-19-61</u> | | 26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u> |

DATE AWARDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 *H. H. H. H.*

Licensed Embalmer No. 3278

P. O. Address Golden City, Mo.

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.