

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-017213
STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. 4221 Registrar's No. 27

AMENDED

FILED MAY 23 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>HOLT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOUND City</u>		Length of stay in 1b <u>11 mos.</u>	c. CITY OR TOWN <u>MOUND City</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>DUNCAN NURSING Hm.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>PRUDIE</u> Middle <u>PEARL</u> Last <u>FLEMING</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 type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-19-1887</u>
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>IN THE HOME</u>	11. BIRTHPLACE (City and state or country) <u>MOUND City, Mo.</u>
13a. FATHER'S NAME <u>HENRY ARMACK</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE BLAIR</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</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>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MRS. Lois BYRON</u> Address <u>MOUND 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>Acute Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u>
DUE TO (b) <u>Congestive Heart Failure</u>			<u>1 wk</u>
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>			<u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonitis</u>			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.	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 <u>MOUND City</u>	COUNTY <u>HOLT</u> STATE <u>MO</u>
21. I attended the deceased from <u>May 19-61</u> to <u>May 19-61</u> and last saw her/him alive on <u>May 19-61</u> Death occurred at <u>6:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Earl Stuebel</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>MOUND City, Mo</u>	22c. DATE SIGNED <u>5/20/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-21-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE</u>	23d. LOCATION (City, town, or county) (State) <u>MOUND City, Mo.</u>
24. FUNERAL DIRECTOR <u>James Crawford</u> ADDRESS <u>MOUND City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5/20/61</u>	26. REGISTRAR'S SIGNATURE <u>James Crawford</u>

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1961

1961 4 70P

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 James H. Crawford
Licensed Embalmer No. 4796
P. O. Address Mound City

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.