

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029065

STATE FILE NUMBER

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 117

FILED AUG 21 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Howell</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Texas</u>
Length of stay in lb <u>19 days</u>		c. CITY OR TOWN <u>Cabool</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Plains Mem. Hospital</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Mary</u>	Middle <u>Elizabeth</u>	Last <u>Rooney</u>	Month <u>8</u>	Day <u>12</u>	Year <u>61</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>10/6/1874</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days
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	11. BIRTHPLACE (City and state or country) <u>Concordia, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Reuben James</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Jacques</u>	14. NAME OF HUSBAND OR WIFE
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>Hazel Thompson, Costa Mesa, Cal.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Cerebral Hemorrhage, 20 days</u>	
DUE TO (b)	<u>Cerebral Arteriosclerosis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

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.	
<u>(1) Arteriosclerosis, gen (2) Senility</u>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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 s.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 <u>West Plains, Mo.</u>	COUNTY <u>Howell</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>7-24-61</u> to <u>8-12-61</u> and last saw her alive on <u>8-12-61</u>		Death occurred at <u>1:00</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Jack N. Wilson, M.D.</u>	22b. ADDRESS <u>West Plains, Mo.</u>	22c. DATE SIGNED <u>8-14-61</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>8/15/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>
24. FUNERAL DIRECTOR <u>Elliott-Gentry,</u>	ADDRESS <u>Cabool, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-15-61</u>
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 L. Reentry

Licensed Embalmer No. 4718

P. O. Address Calver, 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.