

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027826

FILED VS JUL 28 1959

Registration District No. 336 Primary Registration District No. _____ Registrar's No. 22 STATE FILE NUMBER

| | | | | | | | |
|---|--|--|---|--|--|--|-------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>Shannon</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eminence</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> | | c. CITY OR TOWN <u>Eminence</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First <u>Emma</u> | | Middle <u>Ottie</u> | | Last <u>Patter</u> | | Month <u>July</u> Day <u>5</u> Year <u>1959</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>10/12/1876</u> | 9. AGE (last birthday) <u>82</u> | IF UNDER 1 YEAR | IF UNDER 24 HR | |
| 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>Hastings England</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | Months | Days |
| 13a. FATHER'S NAME <u>Sube Turner</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann Francis</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. | | 17. INFORMANT <u>name Elenora Shedd, Eminence, Mo.</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>Corchia arrest</u> | | | | | | | |
| DUE TO (b) <u>Corony artery Disease</u> | | | | | | | |
| DUE TO (c) <u>Senility & General arteriosclerosis</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 type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ | | | | | |
| 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>Nov 5, 1958</u> to <u>6-29-59</u> and last saw her <u>her</u> on <u>6-29-59</u> Death occurred at <u>9:15 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Henry L. Morlett MD</u> (Degree or title) | | | | 22b. ADDRESS <u>Box 38 Eminence</u> | | 22c. DATE SIGNED <u>7/17/59</u> (State) | |
| 23a. BURIAL CREMATION, REMOVAL (specify) <u>Burial</u> | 23b. DATE <u>7/8/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Eminence Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Eminence, Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>7-27-1959</u> | | 26. REGISTRAR'S SIGNATURE <u>Maebel Bacon</u> | | |

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard A. Norton

Licensed Embalmer No. 5029

P. O. Address Mt. Union

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.