

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 13 1960

-60-020175

NDED

Registration District No. 224 Primary Registration District No. 4331 Registrar's No. 41

STATE FILE NUMBER

|  |  |   |                                    |   |  |   |  |
|--|--|---|------------------------------------|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u>   |  |   |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Jamestown, Mo Linn</u>   |  | Length of stay in lb<br><u>14 Yrs</u>   |                                    | c. CITY OR TOWN <u>Jamestown, Mo</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home- Rt. #1</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                    | d. STREET ADDRESS (If outside, give location)<br><u>Rural Rt #1</u>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Minnie</u> Middle <u>May</u> Last <u>Childress</u>   |  |   |                                    | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>27</u> Year <u>1960</u>   |  |   |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>2/18/80</u> | 9. AGE (last birthday)<br><u>80</u>   | IF UNDER 1 YEAR<br>Months <u>3</u> Days <u>9</u> |   | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  |                                    | 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Wm R. Brizendine</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Eliza March</u>   |                                    | 14. NAME OF HUSBAND OR WIFE<br><u>Deceased</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |                                    | 17. INFORMANT<br><u>Para Dietzel, Jamestown, Mo</u><br>Address  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Ingestion &amp; Rehabilitation</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Carcinomatosis</u><br>DUE TO (b) <u>Adenocarcinoma Ascending Colon</u><br>DUE TO (c) <u>Unknown</u> |  |   |                                    |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Unknown</u>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |                                    |   |  | PART II. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u></u> Month, Day, Year <u></u><br>a.m. <u></u> p.m. <u></u>  |  |   |                                    |   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input checked="" 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>1-13-60</u> to <u>5-27-60</u> and last saw her alive on <u>5-1-60</u><br>Death occurred at <u>7:45 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |                                    |   |  |   |  |
| 22a. SIGNATURE<br><u>[Signature]</u> (Degree or title)   |  |   |                                    | 22b. ADDRESS<br><u>Jamestown, Mo</u>  |  | 22c. DATE SIGNED<br><u>5/27/60</u> (State)  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Buried</u>   |  | 23b. DATE<br><u>5/29/60</u>   |                                    | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Union Cemetery</u>   |  | 23d. LOCATION (City, town, or county)<br><u>Rural- Jamestown Mo</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>Bowlin Funeral Home-California, Mo</u>  |  |   |                                    | 25. DATE RECD. BY LOCAL REG.<br><u>5/29/60</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Nelson L. Poyner</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 me

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Jack H. Bowlin*

Licensed Embalmer No. 4933

P. O. Address California, 14

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.