

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035544

FILED VS. SEP 29 1960
 DEED

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 68

STATE FILE NUMBER

| | | | | | | | |
|--|---|--|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CALIFORNIA</u> Length of stay in 1b <u>2 DAYS</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LATHAM HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u> c. CITY OR TOWN <u>Mc Girk</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>IN CITY</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>ROSA</u> Middle <u>LEE</u> Last <u>PILGRIM</u> | | | 4. DATE OF DEATH Month <u>SEPT</u> Day <u>21</u> Year <u>1960</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>10-30-1872</u> | 9. AGE (last birthday) <u>87</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>21</u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher & State Keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NO</u> | | 11. BIRTHPLACE (City and state or country) <u>California Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>HENRY COOK</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARTHA HILL</u> | | 14. NAME OF HUSBAND OR WIFE <u>HENRY E. PILGRIM</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>NO</u> | | 17. INFORMANT <u>Rosa Pilgrim</u> Address <u>Mc Girk 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>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 Days</u> | | |
| 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. 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 _____ | | 20g. COUNTY _____ | | 20h. STATE _____ | | | |
| 21. I attended the deceased from <u>9-19-60</u> to <u>9-21-60</u> and last saw her/him alive on <u>9-21-60</u> Death occurred at <u>7:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Lionel M. Gallagher M.D.</u> | | | | 22b. ADDRESS <u>California, Mo.</u> | | 22c. DATE SIGNED <u>9-21-60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>9-23-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>OLD LEBANON CEM.</u> | | 23d. LOCATION (City, town, or county) (State) <u>MONITEAU COUNTY, MO.</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Hugh E. Williams California Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>9/24/60</u> | | 26. REGISTRAR'S SIGNATURE <u>Melvin R. Papez</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 Russell C. M.

Licensed Embalmer No. 480

P. O. Address California

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.