

FILED VS DEC 27 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-046865

STATE FILE NUMBER

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 94

1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE MISSOURI COUNTY MONITEAU			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN CALIFORNIA MO				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CALIFORNIA MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CALIFORNIA MO				Length of stay in lb 24 4 mo		d. STREET ADDRESS (If outside, give location) 26812 CALIFORNIA MO	
3. NAME OF DECEASED (Type or print) First Middle Last CLARAINDA LOUE COOTS				4. DATE OF DEATH Month Day Year DEC. 17 1960			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB. 15-1877	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER				10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		9. AGE (In years last birthday) 83	
11. BIRTHPLACE (City and state or country) MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME MONROE MARTIN				13b. MOTHER'S MAIDEN NAME SARAH LIZA MURRELL			
14. NAME OF HUSBAND OR WIFE DEAD				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. N				17. INFORMANT Address Lillie Wood California. mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) 332X						INTERVAL BETWEEN ONSET AND DEATH 13 days 1 + years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 a.m. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT <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 California Monticello MO		STATE MO	
21. I attended the deceased from 12-4-60 to 12-17-60 and last saw her alive on 12-17-60 Death occurred at 3:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. S. Fulke, MD (Degree or title)				22b. ADDRESS California, MO		22c. DATE SIGNED 12-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE DEC. 19-1960		23c. NAME OF CEMETERY OR CREMATORY BETHEL		23d. LOCATION (City, town, or county) (State) NEAR JAMESTOWN MO.	
24. FUNERAL DIRECTOR CALBERT HORNBECK PRAIRIE HOME MO				25. DATE RECD. BY LOCAL REG. Dec 20 / 60		26. REGISTRAR'S SIGNATURE William H. Pappas	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *E. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Bairie Home*

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.