

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047168

FILED VS JAN 16 1961

STATE FILE NUMBER

Registration District No. 394 Primary Registration District No. 4449 Registrar's No. 83

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Reynolds	a. STATE Missouri b. COUNTY Reynolds		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellington	Length of stay in 1b Life	c. CITY OR TOWN Ellington	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First William Richard Middle Counts Last Counts	4. DATE OF DEATH	Month December Day 25 Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-24-1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR	IF UNDER 24 HR
			Months 0 Days 1	Hours Min. 		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Ellington, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME George W. Counts	13b. MOTHER'S MAIDEN NAME Becky Reary	14. NAME OF HUSBAND OR WIFE NA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NA	17. INFORMANT George Counts, Ellington, Mo.	Address
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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) Myocardial Degeneration	DUE TO (b) Arteriosclerosis	6m
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) Senility	10yrs

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 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.)
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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 ELLINGTON COUNTY REYNOLDS STATE MISSOURI
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21. I attended the deceased from 1950 5.15 P.M. to DEC 14 60 and last saw her alive on DEC 14 60	Death occurred at 5.15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Kenneth T Carter MD	22b. ADDRESS Ellington, Mo.	22c. DATE SIGNED 12-27-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-27-60	23c. NAME OF CEMETERY OR CREMATORY RLDS Cemetery	23d. LOCATION (City, town, or county) Reynolds County, Mo. (State)
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24. FUNERAL DIRECTOR Pewitt Funeral Home, Ellington, Mo.	25. DATE RECD. BY LOCAL REG. JAN 4, 1961	26. REGISTRAR'S SIGNATURE Edna Jarrod
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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 Chas S. Bennett

Licensed Embalmer No. 4574

P.O. Address Ellington, 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.