

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036637

FILED VS NOV 6 1959

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage Mo		Length of stay in 1b 5 da	c. CITY OR TOWN Sarsapke
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mc Cure Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Mo R 70
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Wm Ed Bell			4. DATE OF DEATH Oct 19 - 1959		
5. SEX Male			6. COLOR OR RACE White		
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 8-29-50		
9. AGE (last birthday) 79			IF UNDER 1 YEAR IF UNDER 24 HR		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Eugene Oregon		12. CITIZEN OF WHAT COUNTRY USA	
---	--	-----------------------------------	--	--	--	---------------------------------	--

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE None	
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. no		17. INFORMANT Wm Buggie Sarsapke 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) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
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) Bronchopneumonia		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.)
--	---	--

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 COUNTY STATE
--	--	---

21. I attended the deceased from January 4, 1958 to October 19, 1959 and last saw him alive on October 19, 1959. Death occurred at 10:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Richard R. Kohle	22b. ADDRESS H.D. Carthage, Missouri	22c. DATE SIGNED 10-22-59
---	--------------------------------------	---------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-21-59	23c. NAME OF CEMETERY OR CREMATORY Sarsapke Cem Sarsapke Mo	23d. LOCATION (City, town, or county) (State)
--	--------------------	---	---

24. FUNERAL DIRECTOR Jackson Sons Sarsapke Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-26-59	26. REGISTRAR'S SIGNATURE W. H. Clutten
---	---------	---------------------------------------	---

DOCUMENT

MEDICAL CERTIFICATION

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

Wm K Jackson

Licensed Embalmer No.

3954

P. O. Address

Sanatit

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.