

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

FILED VS NOV 17 1959

59-040011

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5194

ENDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ray</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>30 hrs.</b>		c. CITY OR TOWN <b>Henrietta</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Henrietta Township</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>LUTHER</b> Middle <b>ALVIN</b> Last <b>DERSTLER</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>27,</b> Year <b>1959</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-14-1913</b>	9. AGE (last birthday) <b>46</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembly line worker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Industry</b>		11. BIRTHPLACE (City and state or country) <b>Richmond, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Derstler</b>			13b. MOTHER'S MAIDEN NAME <b>Lula Hanks</b>			14. NAME OF HUSBAND OR WIFE <b>Ruth Derstler</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>496-16-4574</b>		17. INFORMANT Address <b>Mrs. Ruth Derstler - Henrietta, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bullet Wound Head</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Solar Pneumonia</b>					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 checked="" 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.) <b>apparently self inflicted</b>					
20c. TIME OF INJURY Hour <b>4 am</b> Month, Day, Year <b>10-26-59</b>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Back yard</b>		20f. CITY, TOWN, OR LOCATION <b>Henrietta</b>		COUNTY <b>Ray,</b>		STATE <b>Mo.</b>
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <b>4:35 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Richard Quinn</b> Coroner				22b. ADDRESS <b>Rialto Bldg - K.C., Mo.</b>			22c. DATE SIGNED <b>10-28-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		23b. DATE <b>10-28-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Ray County, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Melody-McGilley-Eylar - 1800 E. Linwood</b>				25. DATE RECD. BY LOCAL REG. <b>10-29-59</b>		26. REGISTRAR'S SIGNATURE <b>Oliver Minshall</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 2 1958

MAR 3 1960

MAR 23 1960

JAN 11 1960

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 James E. Frockler

Licensed Embalmer No. 4573

P. O. Address K 1710

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.