

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004690

FILED VS JAN 11 1960

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 19

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Slater		Length of stay in 1b 50 yrs.		c. CITY OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South Jefferson			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) South Jefferson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Margaret Middle Laurine Last Wetton				4. DATE OF DEATH Month January Day 8 Year 1960					
5. SEX Female	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 May 11, 1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Louisiana, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Michael Jordan			13b. MOTHER'S MAIDEN NAME Bridgett Kerns			14. NAME OF HUSBAND OR WIFE William J. Wetton			
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. None		17. INFORMANT Jim Wetton			Address Webster Groves, 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) Chronic myocarditis & failure						INTERVAL BETWEEN ONSET AND DEATH years - 10 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis						years			
with (c) Arteriosclerotic psychosis						9 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary infected decubiti						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 July 1956 to Jan 8, 1960 and last saw her alive on Jan. 7, 1960 Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C.A. McBurney, M.D. (Degree or title)				22b. ADDRESS Slater Mo.				22c. DATE SIGNED 1/9/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE January 11, 1960	23c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery		23d. LOCATION (City, town, or county) Slater		STATE Missouri		
24. FUNERAL DIRECTOR Haines Funeral Home Slater, Mo.				25. DATE RECD. BY LOCAL REG. 1-9-1960		26. REGISTRAR'S SIGNATURE Mr. Raymond Beame			

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 Walter J. Haines

Licensed Embalmer No. 455

P. O. Address State, 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.