

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010235

FILED VS APR 7 1960

STATE FILE NUMBER

Registration District No. 259 Primary Registration District No. 4023 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <i>Cass</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Cass</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>East Lynne</i>		Length of stay in 1b	c. CITY OR TOWN <i>East Lynne</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		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 type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>WILLIAM</i> Middle <i>J.</i> Last <i>DESCH</i>			4. DATE OF DEATH Month <i>March</i> Day <i>27</i> Year <i>1960</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>wh</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-19-1876</i>	9. AGE (last birthday) <i>83</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>8</i> Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Oil Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Elkton, Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Joseph Desch</i>		13b. MOTHER'S MAIDEN NAME <i>Katharina Hofstetter</i>		14. NAME OF HUSBAND OR WIFE <i>deceased</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>499-36-9551</i>	17. INFORMANT <i>Mrs Helen Lotzpeich, 9359-E-70-Dumas</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Arteriosclerosis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>UNKNOWN</i>	
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)				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. _____						
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 <i>1949</i> to <i>MARCH 27, 1960</i> and last saw him alive on <i>MARCH 26, 1960</i> Death occurred at <i>333 A</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>W. H. Barger MD</i> (Degree or title)			22b. ADDRESS <i>Harrisonville Mo</i>		22c. DATE SIGNED <i>MAR. 28, 1960</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>March 28-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Clearfork Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>South of East Lynne Mo</i>		
24. FUNERAL DIRECTOR <i>A. W. Hartley, East Lynne Mo</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Mar 28-1960</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Ray Sebree</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

