

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012183

FILED VS APR 5 1960

297

Primary Registration District No. 3057

Registrar's No. 46

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Length of stay in lb 1 hour	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 700 Wellington St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2201 E. 68th Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Walter Middle Wash Last Wash			4. DATE OF DEATH Month March Day 31 Year 1960		
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 7/7/1935	9. AGE (last birthday) 24	IF UNDER 1 YEAR Months 8 Days 24 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linemen		10b. KIND OF BUSINESS OR INDUSTRY Mo. Public Serv.	11. BIRTHPLACE (City and state or country) Johnson Co., Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Albert Wash		13b. MOTHER'S MAIDEN NAME Mildred De Lozier		14. NAME OF HUSBAND OR WIFE Never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 498-38-1113	17. INFORMANT Mrs. Albert Wash, Kansas City, 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) Accidental death by electrocution					INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Came in contact with high voltage line.					
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"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Came in contact with high voltage line			
20c. TIME OF INJURY Hour 11:15 a.m. 3-31-60 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) 1 mile south Richmond	20f. CITY, TOWN, OR LOCATION Richmond	COUNTY Ray	STATE Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Thomas B. Coof M.D. Coroner			22b. ADDRESS Richmond, Missouri		22c. DATE SIGNED 3-31-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-31-1960	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	23d. LOCATION (City, town, or county) (State) Warrensburg Missouri		
24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Mo.		ADDRESS 1-2-1960	25. DATE RECD. BY LOCAL REG. 1-2-1960	26. REGISTRAR'S SIGNATURE Malcol Jackson	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 22 1960

STATEMENT BY LICENSED EMBALMER

APR 7 1960

APR 6 1960

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 Thomas J. Postle

Licensed Embalmer No. 4474

P. O. Address Richmond, Miss

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.