

Registration District No. 37 Primary Registration District No. 3085 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>West Point Twp.</u>		Length of stay in 1b <u>22 yrs.</u>		c. CITY OR TOWN <u>West Point Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 Mi. S. E. Amsterdam</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3 Mi. S. E. Amsterdam, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Arnold</u> Middle <u>Edwin</u> Last <u>Sensch</u>				4. DATE OF DEATH Month <u>3</u> Day <u>27</u> Year <u>60</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-11-1894</u>		9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (City and state or country) <u>Tennessee</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Wenzel Sensch</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Kindiger</u>				14. NAME OF HUSBAND OR WIFE <u>Minnie Sensch</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>490-42-3933</u>		17. INFORMANT Address <u>Mrs. Minnie Sensch, Amsterdam, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Goushot wound head</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>			
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Self-inflicted goushot wound head</u>									
20c. TIME OF INJURY Hour <u>10</u> a.m. / p.m. Month, Day, Year <u>3 27 60</u>		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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Bates</u>		COUNTY <u>Mo.</u>		STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at <u>about 10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Douglas R. Rowland</u> (Degree or title)						22b. ADDRESS <u>Colonel Butler, Missouri</u>				22c. DATE SIGNED <u>3-30-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>3-30-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Scott Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Amsterdam, Missouri</u>					
24. FUNERAL DIRECTOR <u>Archer & Manold, Amsterdam, Mo.</u>					ADDRESS		25. DATE RECD. BY LOCAL REG. <u>March 30-60</u>		26. REGISTRAR'S SIGNATURE <u>Kendall Kurey</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 19 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Mangold

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kan

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.

APR 19 1960