

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015038

FILED VS. MAY 2 1960

137 Primary Registration District No. 3023 Registrar's No. 120

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <i>Missouri</i> b. COUNTY <i>Cedar</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton, Missouri</i>		Length of stay in lb <i>38 days</i>		c. CITY OR TOWN <i>Eldorado Springs</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 <i>Hetzl Osteopathic Hospital</i>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>204 So. Grand</i>		
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>Smith</i> Last <i>Smith</i>				4. DATE OF DEATH Month <i>4</i> Day <i>22</i> Year <i>60</i>				
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>8-22-79</i>	9. AGE (last birthday) <i>80</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>R. B. Jackson farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Kentucky</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Henry Smith</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>			14. NAME OF HUSBAND OR WIFE <i>Lara May Smith</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. <i>702-10-8301</i>		17. INFORMANT <i>Lara May Smith Eldorado Springs</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		<i>general toxemia</i>					<i>8 hrs.</i>	
DUE TO (b)		<i>peritonitis</i>					<i>12 hrs.</i>	
DUE TO (c)		<i>diverticulitis of colon (operated)</i>					<i>10 yrs.</i>	
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	
<i>Carcinoma left kidney & prostatic</i>								
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.	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 <i>4-1-60</i> to <i>4-22-60</i> and last saw ^{her} him alive on <i>4-22-60</i> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Carol R. Wetzel D.O.</i>				22b. ADDRESS <i>Clinton Missouri</i>		22c. DATE SIGNED <i>4-23-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>4-24-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Clintonville</i>		23d. LOCATION (City, town, or county) (State) <i>Eldorado Springs Mo</i>				
24. FUNERAL DIRECTOR <i>Coothers Eldorado Springs Mo</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>April 25 1960</i>	26. REGISTRAR'S SIGNATURE <i>Richard Bigum</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 26 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

J. E. Lonsdale

Licensed Embalmer No. 1891

P. O. Address

Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.