

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018751

FILED VS. JUN 15 1960

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY CADWELL	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON		Length of stay in 1b 3 hrs.	c. CITY OR TOWN MIRABLE TWP. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron, Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) North East, CAMERON. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ALBERT Michiel MUDROW			4. DATE OF DEATH Month Day Year JUNE 8 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3.6.1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRIDGE BUILDER	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state of country) HARBINE, NEBR.	12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME FRANZ MUDROW	13b. MOTHER'S MAIDEN NAME Agatha VONGZETO	14. NAME OF HUSBAND OR WIFE PAULINE MUDROW	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -	16. SOCIAL SECURITY NO. 506-090-969	17. INFORMANT Ms. Pauline Mudrow, CAMERON, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) contusion of lung, pierced lung pneumothorax, Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 Hours
DUE TO (b) crushed chest		3 Hours
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
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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.) Tractor turned over on him and crushed his chest.
20c. TIME OF INJURY Hour Month, Day, Year 6 p.m. 8-8-60		

20d. INJURY OCCURRED WHILE AT WORK? YES <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.) farm	20f. CITY, TOWN, OR LOCATION Camerton	COUNTY Cadwell	STATE MO
21. I attended the deceased from 6-8-60 to 6-8-60 and last saw her/him alive on 6-8-60 . Death occurred at 9:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE A. Wetherston (Degree or title) MD	22b. ADDRESS Camerton Mo	22c. DATE SIGNED 6-9-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-10-60	23c. NAME OF CEMETERY OR CREMATORY OSBORN CEMETERY	23d. LOCATION (City, town, or county) (State) OSBORN MO.
24. FUNERAL DIRECTOR McMoss CRUNK	ADDRESS CAMERON, MO	25. DATE RECD. BY LOCAL REG. June 10 1960	26. REGISTRAR'S SIGNATURE Francis D Crawford

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 21 1960

JAN 18 1961

VS MAR 24 1961

STATEMENT BY LICENSED EMBALMER

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 *[Handwritten Signature]*

Licensed Embalmer No. 2533

P. O. Address Cameron

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.