URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 24 1960

-60-020198

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 31.

NDED

1. PLACE OF DEATH
a. COUNTY MORGAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Morgan~~ VERSAILLES
Length of stay in 1b 2 Mos
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kidwells's Rest Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Enon, Mo.
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. R. #1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First MARY Middle MAUD Last WETZEL
4. DATE OF DEATH Month May Day 18 Year 1960
5. SEX Female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-19-1879
9. AGE (last birthday) 81
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Enon, Mo.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME James Morrow
13b. MOTHER'S MAIDEN NAME Rebecca Short
14. NAME OF HUSBAND OR WIFE Walter Wetzel
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.
17. INFORMANT L. V. Morrow Address Russellville, 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) Bilateral ~~Bronchopneumonia~~ 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis year
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan. 1960, to 5-18-60 and last saw her/him alive on 5-18-60
Death occurred at 10 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ray Tyle, M. D.
22b. ADDRESS Versailles, Mo.
22c. DATE SIGNED 5-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 20, 1960
23c. NAME OF CEMETERY OR CREMATORY Enloe Cem.
23d. LOCATION (City, town, or county) (State) Russellville, Mo.

24. FUNERAL DIRECTOR ADDRESS G N Stiffens Russellville Mo
25. DATE RECD. BY LOCAL REG. 5-23-60
26. REGISTRAR'S SIGNATURE J L Washburn

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

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 Raymond C. Harber

Licensed Embalmer No. 4626

P. O. Address Versailles

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