

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

3770-60-027145

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LACLEDE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 30 DAY	c. CITY OR TOWN PLATE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) PLATE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EMERY Middle OTIS Last SOUTHARD			4. DATE OF DEATH Month JULY Day 19 Year 1960	
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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 4-18-18	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Auto Mechanic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Southard, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Otis Southard	13b. MOTHER'S MAIDEN NAME Serah Davis	14. NAME OF HUSBAND OR WIFE Katherine Southard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 3-18-42 to 10-2-45	16. SOCIAL SECURITY NO. 500-12-9183	17. INFORMANT Address Katherine Southard, Plate, Mo. Official Records, VA Hospital, K.C., 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) Acute periarteritis nodosa		INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year 5-20-60 to 7-19-60
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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 PLATE	COUNTY MISSOURI	STATE
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21. Attended the deceased from VA 5-20-60 , to 7-19-60 Death occurred at 3:31 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>T. J. Fritzlen</i> T. J. FRITZLEN, M.D. (Degree or title)	22b. ADDRESS VA Hospital, Kansas City, Missouri	22c. DATE SIGNED 7-19-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JULY 20, 1960	23c. NAME OF CEMETERY OR CREMATORY PINE CREEK CEMETERY	23d. LOCATION (City, town, or county) (State) LEBANON MISSOURI
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 7-20-60	26. REGISTRAR'S SIGNATURE <i>Gene Marshall</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS AUG 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K. Brown

Licensed Embalmer No. 48

P. O. Address K C M

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