RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS OCT 1 0 1960

DED

-60-034506

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. _____ Registrar's No. 1003

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: N. Campbell Township
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sunshine Acres Home
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: N. Campbell Township
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Sunshine Acres Home
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Amy Middle: Lucy Last: Wadkins

4. DATE OF DEATH: Month: Oct. Day: 2 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-25-1883

9. AGE (last birthday): 76

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: Home

11. BIRTHPLACE (City and state or country): Niva, Missouri

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Phillip M. Keltner

13b. MOTHER'S MAIDEN NAME: Mary Jane Goddard

14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Kathleen Clayton, Springfield, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardio-Renal Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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 1959, to Oct. 2, 1960 and last saw her alive on 9/28/60

Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lyman D. Brown M.D.

22b. ADDRESS: 311½ College

22c. DATE SIGNED: 10/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-4-1960

23c. NAME OF CEMETERY OR CREMATORY: Hazelwood Cemetery

23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Rex Rainey, Springfield, Mo.

25. DATE RECD. BY LOCAL REG.: 10-6-60

26. REGISTRAR'S SIGNATURE: Effie G. Mellow

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

OCT 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lee Mann

Signature of Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfie

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