

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035804

FILED VS. SEP 28 1960

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6020 Registrar's No. 116

| | | | | | | | |
|---|---|---|---|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>RAY</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CROOKED RIVER TWP.</u> | | Length of stay in 1b <u>1 yr.</u> | | c. CITY OR TOWN <u>RICHMOND, R.F.D.</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FIELD NEAR HOME</u> | | | Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>5 mi. N.E. of RICHMOND</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>CLAUDE</u> Last <u>GLOVER</u> | | | 4. DATE OF DEATH Month <u>SEPT</u> Day <u>16</u> Year <u>1960</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>MAR 31 1892</u> | 9. AGE (last birthday) <u>68</u> | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u> | | 11. BIRTHPLACE (City and state or country) <u>CHANUTE, KANSAS</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>ELI F. GLOVER</u> | | | 13b. MOTHER'S MAIDEN NAME <u>LOTTIE A. HOOK</u> | | 14. NAME OF HUSBAND OR WIFE <u>KATHLEEN GLOVER</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. <u>509-38-8961</u> | | 17. INFORMANT <u>KATHLEEN GLOVER - RICHMOND, Mo. RFD</u> Address _____ | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION INST.</u> DUE TO (b) <u>1.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIO. SCLEROSIS</u> | | | | | 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.) _____ | | | | | |
| 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 <u>7-1-60</u> to <u>Sept. 16-1960</u> and last saw him alive on <u>9-14-60</u> Death occurred at <u>4</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | 22b. ADDRESS <u>Richmond</u> | | 22c. DATE SIGNED <u>9-18-60</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>9-19-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>CHANUTE, KAN.</u> | | 23d. LOCATION (City, town, or county) (State) <u>CHANUTE KANSAS</u> | | | |
| 24. FUNERAL DIRECTOR <u>KNIPSCHILD & BORCHERING - HARDIN Mo.</u> ADDRESS _____ | | | 25. DATE RECD. BY LOCAL REG. <u>9-20-1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 28 1900

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 August Couchard

Licensed Embalmer No. 4678

P. O. Address Hardin, Va

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.