

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-037194**

**FILED VS SEP 26 1960**

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 72

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Branson</b>		Length of stay in 1b <b>4 days</b>	c. CITY OR TOWN <b>Forsyth</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Skaggs Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>Lakeshore Drive</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>PEARL</b> Middle <b>ALLEN</b> Last <b>GETTINGS</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>22</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-18-85</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>4</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mechanic</b>	11. BIRTHPLACE (City and state or country) <b>Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Robert A. Gettings</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Gowens</b>		14. NAME OF HUSBAND OR WIFE <b>Hazel Gettings</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs Hazel Gettings Forsyth, Mo</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac arrest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cholecystectomy operation for</b>	
	DUE TO (c) <b>gall bladder disease</b>	<b>1 Week</b>
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.)
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>	Month, Day, Year <b></b>	

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 <b>Forsyth</b>	COUNTY <b></b>	STATE <b></b>
21. I attended the deceased from <b>9-1-60</b> to <b>9-22-60</b> and last saw her/him alive on <b>9-22-60</b> Death occurred at <b>9:10 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>Hartley J. Mars M.D.</b>		22b. ADDRESS <b>Forsyth</b>		22c. DATE SIGNED <b>9-23-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>9-25-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Mem.</b>	23d. LOCATION (City, town, or county) (State) <b>Wichita, Kansas</b>	
24. FUNERAL DIRECTOR <b>Forsyth Funeral Home, Forsyth, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>9/23/60</b>	26. REGISTRAR'S SIGNATURE <b>Helen Campbell</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 18 1960

**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 Walter Cobb

Licensed Embalmer No. 473

P. O. Address Brunswick

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