

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS DEC 27 1960

=60-046251
 STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in lb 3 weeks	c. CITY OR TOWN Tina,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 miles N/W		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lila Middle Alene Last Deitch			4. DATE OF DEATH Month December Day 19th Year 1960		
5. SEX Female	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 Dec. 11, 1901	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 0 Days 8 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and state or country) Randall, Kansas.	
10c. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Henry Flinn		13b. MOTHER'S MAIDEN NAME Addie Blanding	
13c. NAME OF HUSBAND OR WIFE Clifford Deitch		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. No		17. INFORMANT Clifford Deitch Tina, Missouri			
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-VASCULAR-RENAL FAILURE - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) CENTRALIZED NECROSIS OF LIVER DUE TO (c) CONGESTIVE HEART FAILURE					INTERVAL BETWEEN ONSET AND DEATH 96 hrs. 2 yrs. -
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 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 Month, Day, Year a.m. p.m. 		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 Nov-5-1957 to 12-19-60 and last saw her him alive on 12-19-60 Death occurred at 9:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. W. Matheny D.O.			22b. ADDRESS Chillicothe, Mo.		22c. DATE SIGNED 12/22/60.
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 22, 1960	23c. NAME OF CEMETERY OR CREMATORY Jewell Cemetery		23d. LOCATION (City, town, or county) (State) Jewell, Kansas.
24. FUNERAL DIRECTOR Clifford W. Austin f-h Tina, Mo.			25. DATE RECD. BY LOCAL REG. Dec. 22, 1960		26. REGISTRAR'S SIGNATURE Annalee Taylor

DOCUMENT

MEDICAL CERTIFICATION

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

Clifford W. Austin
Clifford W. Austin,

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.