

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016329

STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 138

FILED MAY 23 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Van Buren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 1 mo.	c. CITY OR TOWN Farmington
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) Don First Harley Middle Proper Last	4. DATE OF DEATH Month 5 Day 15 Year 61
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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 12/13/93	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Linotype-newspaper	11. BIRTHPLACE (City and state or country) Van Buren Co., Iowa	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Worthy Proper	13b. MOTHER'S MAIDEN NAME Clara Belle Israel	14. NAME OF HUSBAND OR WIFE Clara Johnson Proper
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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) no XXXXXX	17. INFORMANT Address Mrs. Don H. Proper, Farmington Iowa
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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:		INTERVAL BETWEEN ONSET AND DEATH FEB 1961
IMMEDIATE CAUSE (a) inanition and debilitation		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) WIDESPREAD Metastatic Hodgkins Disease	UNKNOWN
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hiatal Hernia - Chronic Cholecystitis and Hepatitis	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
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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 _____
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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	COUNTY	STATE
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21. I attended the deceased from **4-18-61** to **5-15-61** and last saw him alive on **5-15-61**
Death occurred at **7:46 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Laughlin J. Do	22b. ADDRESS Kirksville, Mo	22c. DATE SIGNED 5-16-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/18/61	23c. NAME OF CEMETERY OR CREMATORY Vale Cemetery	23d. LOCATION (City, town, or county) (State) Van Buren Co., Iowa
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24. FUNERAL DIRECTOR Herbert Miller, Donnellson, Iowa	25. DATE RECD. BY LOCAL REG. May 18, 1961	26. REGISTRAR'S SIGNATURE Doris W. Pattiff
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INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUN 2 1961

SA JUN 5 1961

EARL LAUGHLIN, JR., D.D.

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm H. Jackson

Licensed Embalmer No. 3954
P.O. Address Kirkville

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.