

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3070-61-021530 STATE FILE NUMBER

AMENDED DATE AMENDED INSTEAD OF DOCUMENT BY AFFIDAVIT OF ITEM NO. SHOULD READ

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3070

FILED JUN 5 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) Maussasity Length of stay in lb 30 yrs
 c. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jackson
 c. CITY OR TOWN Maussasity Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1316 Independence Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Marie Elizabeth Wetherill 6 17 61

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 3-13-1887 9. AGE (last birthday) 74

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Maker 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country) Hamburg, Germany USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Geo. Holzmeister 13b. MOTHER'S MAIDEN NAME unk. 14. NAME OF HUSBAND OR WIFE Herbert

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. unk. 17. INFORMANT Robert Fulley R. Smithville, Mo. 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) Acute Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Fracture to left humerus 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.) Patient fell two days ago at home, telephone fell striking her on shoulder

20c. TIME OF INJURY Hour Month Day Year 6:10 a.m. 6-10-61
 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.) Home 20f. CITY, TOWN, OR LOCATION Maussasity Jackson Mo. COUNTY STATE

21. I attended the deceased from 6-12-61 to 6-17-61 and last saw her alive on 6-17-61
 Death occurred at 12:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. D. [Signature] (Degree or title) 22b. ADDRESS 2400 Perry City 22c. DATE SIGNED 6/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-20-61 23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem. 23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Parentino Bros ADDRESS Kansas City Mo. 25. DATE RECD. BY LOCAL REG. 6-19-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 *A. L. Rosentino*

Licensed Embalmer No. 4554

P. O. Address KC Mo.

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.