

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025933

STATE FILE NUMBER

AMENDED

Registration District No. 187
 FILED AUG 14 1961

Primary Registration District No. 5694 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arizona b. COUNTY Maricopa			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe twp		Length of stay in 1b 1 hr	c. CITY OR TOWN Mesa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA-Chillicothe hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 470 E. Millett Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALICE Middle BEATRICE Last WOITH			4. DATE OF DEATH Month Aug. Day 9, Year 1961			
5. SEX Fe.	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1/12/18	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembly line worker		10b. KIND OF BUSINESS OR INDUSTRY Motorola Corp.	11. BIRTHPLACE (City and state or country) Tennessee	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Kerfoet		13b. MOTHER'S MAIDEN NAME Lillian Ketherage		14. NAME OF HUSBAND OR WIFE XX		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT Address Marvin C. Woith, Phoenix, Ariz.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock					INTERVAL BETWEEN ONSET AND DEATH immed	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Tetramohage		immed	
			DUE TO (c) Multiple injuries		immed	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) auto accident				
20c. TIME OF INJURY 4:30	Hour 4:30 p.m.	Month, Day, Year 9-8-61				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 36	20f. CITY, TOWN, OR LOCATION Chillicothe	COUNTY Livingston	STATE MO.		
21. I attended the deceased from 7:30 never to _____ and last saw him alive on _____ Death occurred at _____ 9 m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) J.B. Webber D.O. Coroner			22b. ADDRESS 901 Jackson Chillicothe		22c. DATE SIGNED 8-9-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 11, 1961	23c. NAME OF CEMETERY OR CREMATORY Mesa, Arizona		23d. LOCATION (City, town, or county) (State) Mesa, Arizona		
24. FUNERAL DIRECTOR Donald Gordon, Chillicothe		ADDRESS Chillicothe	25. DATE RECD. BY LOCAL REG. Aug 11, 1961	26. REGISTRAR'S SIGNATURE Annalee Taylor		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

AUG 17 1961

AUG 22 1961

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 Richard W. Bondall

Licensed Embalmer No. 4866

P. O. Address Chillicothe, 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.