

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009826
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 80

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL PRAIRIE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN GREENWOOD		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON CO. HOSP		Length of stay in lb 31 yrs	d. STREET ADDRESS (If outside, give location) TOWN		Reside on Farm, Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Wesley H. Middle Ethridge Last Ethridge			4. DATE OF DEATH Month MAR Day 24 Year 1959		
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 Feb 28 - 1890	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 6 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Greenhouse	11. BIRTHPLACE (City and state or country) Buffalo, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Ethridge		13b. MOTHER'S MAIDEN NAME Eliza Watson		14. NAME OF HUSBAND OR WIFE Anna Ethridge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 708-14-7119	17. INFORMANT Anna Ethridge Greenwood Mo Address		
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio sclerotic Heart disease Generalized arterio Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.) 4200			
20c. TIME OF INJURY Hour 8:00 Month 3 Day 24 Year 1959 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 Greenwood		COUNTY MO STATE MO
21. I attended the deceased from 11-21-58 to 3-24-59 and last saw him alive on 3-24-59 Death occurred at 8:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Phyllis Kaperick (Degree or title)			22b. ADDRESS Summit Mo		22c. DATE SIGNATURE 3/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/27/59	23c. NAME OF CEMETERY OR CREMATORY Greenwood		23d. LOCATION (City, town, or county) (State) Greenwood Mo
24. FUNERAL DIRECTOR Langford Funeral Home Address Lees Summit Mo		25. DATE RECD. BY LOCAL REG. 3/27/59		26. REGISTRAR'S SIGNATURE M B Langford	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *M R Longford*
Licensed Embalmer No. *3233*
P. O. Address *Sci. Museum*

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.