

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029696

INDEXED

FILED VS SEP 9 1959

STATE FILE NUMBER

Registration District No. Primary Registration District No. 4293 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>LINCOLN</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELSBERRY</u>		Length of stay in 1b <u>2 DAYS</u>		c. CITY OR TOWN <u>ELSBERRY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>309 Brown Mill Road</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Hwy #79</u>		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES NICHOLAS METTS</u>				4. DATE OF DEATH Month Day Year <u>AUGUST 27, 1959</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG. 18, 1900</u>		9. AGE (last birthday) <u>59</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l Mdse.</u>		11. BIRTHPLACE (City and state or country) <u>RFD-ELSBERRY, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>EDWARD S. METTS, SR.</u>				13b. MOTHER'S MAIDEN NAME <u>DORA MILDENSTEIN</u>				14. NAME OF HUSBAND OR WIFE <u>NONE</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>YES - UNKNOWN</u>		17. INFORMANT <u>FRANCES REED</u>		17. ADDRESS <u>ELSBERRY, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INTESTINAL OBSTRUCTION</u>										INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>UNKNOWN CAUSE</u>													
DUE TO (c)													
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 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.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
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 <u>8-23-59</u> to <u>8-27-59</u> and last saw <u>him</u> alive on <u>8-27-59</u> Death occurred at <u>6:15 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>[Signature]</u>						22b. ADDRESS <u>Elsherry, Mo</u>			22c. DATE SIGNED <u>8/28/59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8/29/1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		23d. LOCATION (City, town, or county) <u>ELSBERRY, Mo.</u>							
24. FUNERAL DIRECTOR <u>O'Garlan Ricko</u>				ADDRESS <u>Elsherry, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8/30/1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kintzy</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

020 0

OCT 20 1959

MS  
OCT 18 1959  
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**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 *J. G. ...*

Licensed Embalmer No. 4012

P. O. Address Esberry, ...

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.