

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039174

FILED VS NOV 17 1959

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5178 Registrar's No. 49

ENDED

1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jasper Twnship		Length of stay in 1b 3 days		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hake Road 20 FK			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2318 Cedar		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Tommie Middle Lee Last Korte				4. DATE OF DEATH Month Nov. Day 7 Year 1959					
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 26, 1915		9. AGE (last birthday) IF UNDER 1 YEAR Months 11 Days 11 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY High School		11. BIRTHPLACE (City and state or country) Greensborough N.C.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Tom D. Korte			13b. MOTHER'S MAIDEN NAME Shirley Childs			14. NAME OF HUSBAND OR WIFE Mrs. Clelda Childs			
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. no		17. INFORMANT Address Mrs. Clelda Childs, Belton Mo				
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		
IMMEDIATE CAUSE (a) <u>Anoxia</u>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Respiratory failure</u>									
DUE TO (c) <u>Carbon monoxide poisoning</u>									
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 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.) <u>Unventilated Gas stove</u>					
20c. TIME OF INJURY Hour Nov 7-1959 Month, Day, Year a.m. hour uncertain for no witness (found dead) p.m. 		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>Summer home</u>		20f. CITY, TOWN, OR LOCATION <u>Sumner Beach Camden</u>		COUNTY MO STATE MO	
21. I attended the deceased from <u>WETS Nov 9-1959</u> and last saw her alive on <u>Nov 9-1959</u> Death occurred at <u>Camden, Mo</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Wm. B. Woolery County Coroner</u>				22b. ADDRESS <u>Camdenton, Mo</u>				22c. DATE SIGNED <u>Nov 9-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 9-59		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Maria's Cemetery</u>		23d. LOCATION (City, town, or county) <u>Kansas City</u>		(State) <u>Mo.</u>	
24. FUNERAL DIRECTOR Reed Funeral Home, Camdenton Mo.				ADDRESS Camdenton Mo.		25. DATE RECD. BY LOCAL REG. Nov. 9-1959		26. REGISTRAR'S SIGNATURE <u>Zilpha J. Inaw</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 8 T 70N SA

JAN 18 1980

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 Was not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Candenton, TN

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.