

UNIFIED DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS - NOV 3 0 1959

59-039329

STATE FILE NUMBER

Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 29

ENDED

1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ozark		Length of stay in 1b 1 yrs		c. CITY OR TOWN Ozark		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Walter Trantham				4. DATE OF DEATH Month Nov. Day 20, 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 12-14-87	9. AGE (last birthday) 71	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) Retired farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Souder, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Trantham			13b. MOTHER'S MAIDEN NAME Louisa Pendergraph			14. NAME OF HUSBAND OR WIFE Rebecca Trantham	
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. 495 40 5639		17. INFORMANT Rebecca Trantham, Ozark, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of left kidney c. extensive metastasis to lung bone & abdomen							INTERVAL BETWEEN ONSET AND DEATH 20 mos.
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 (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 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 31 mar 58 to 20 nov. 59 and last saw him alive on 19 nov 59 Death occurred at 6:20 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. D. Roper M.D.				(Degree or title)		22b. ADDRESS Ozark, Mo	22c. DATE SIGNED 24 nov 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-22-59	23c. NAME OF CEMETERY OR CREMATORY Souder		23d. LOCATION (City, town, or county) Souder, Missouri		(State)
24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo.				25. DATE RECD. BY LOCAL REG. Nov 24-1959		26. REGISTRAR'S SIGNATURE Loretta Leonard	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava 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.