

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040742

FILED VS NOV 23 1959 164

Registration District No. Primary Registration District No. 3032 Registrar's No. 149

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Johnson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b 17 Yrs		c. CITY OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hotel Estes			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Hotel Estes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Johnnie Shutt Thurber				4. DATE OF DEATH Month Day Year Nov. 19, 1959					
5. SEX Male Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-12-79		9. AGE (last birthday) 80	
						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) House Wife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Bates Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME John E. Shutt			13b. MOTHER'S MAIDEN NAME Mary E. Patrick			14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no			16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Pearl S. Young, Warrensburg, Mo.				
18. CAUSE OF DEATH (Enter only one cause by line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia								INTERVAL BETWEEN ONSET AND DEATH Nov 14 to 19	
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 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 Nov 17 to Nov 18 and last saw her alive on Nov 18 Death occurred at 8:45 - a.m. Nov 19 m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Hester Huestle DO				22b. ADDRESS Warrensburg, Missouri.			22c. DATE SIGNED 11/20/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 21, 1959		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill		23d. LOCATION (City, town, or county) Warrensburg Missouri		(State)	
24. FUNERAL DIRECTOR ADDRESS Sweeney Phillips, Warrensburg, Mo.				25. DATE RECD. BY LOCAL REG. Nov. 20, 1959		26. REGISTRAR'S SIGNATURE Laverna Cuthfield			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Informant

NOV 24 1930

VS
AUG 18 1930

JUN 20 1930

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 Maria D. Bailey

Licensed Embalmer No. 400

P. O. Address Warrens

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.