

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000116

FILED VS FEB 15 1960

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3004

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DED

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in 1b 4 1/2 mo.	c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Potts Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 407 W- 10th St.	
3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last HAND			4. DATE OF DEATH Month Feb Day 12 Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-11-1876	9. AGE (last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter- Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Indiana	
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME Matthew Hand		13b. MOTHER'S MAIDEN NAME Sarah E. Nichols	
14. NAME OF HUSBAND OR WIFE Mary Jane Illesk		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. 490-12-1133	
17. INFORMANT Mrs. Frances Scofield, Lamar, 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) Respiratory failure.		INTERVAL BETWEEN ONSET AND DEATH 30 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Lobar pneumonia.		4 days	
		DUE TO (c) Arteriosclerosis (medial)		10 yrs.	
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 Lamar, Missouri	
21. I attended the deceased from 1955 to 2-11-60 and last saw him alive on 2-11-60 Death occurred at 3:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Karl K. Kratz, D.O.			22b. ADDRESS Lamar, Missouri		22c. DATE SIGNED 2-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Feb 14 1960		23c. NAME OF CEMETERY OR CREMATORY Dudenville Cemetery	
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri		23d. LOCATION (City, town, or county) Dudenville, Missouri		25. DATE RECD. BY LOCAL REG. FEB 13 '60	
26. REGISTRAR'S SIGNATURE Marie Konantz					

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, MD.

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.