

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000146

FILED VS. JAN 28 1960 27

Primary Registration District No. 5100

Registrar's No. 9

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Drexel - W. Boone		Length of stay in 1b 1 mo.		c. CITY OR TOWN Drexel, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Drexel, Missouri			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First STERLING Middle PRICE Last ROUTH				4. DATE OF DEATH Month 1 Day 14 Year 1960									
5. SEX Male		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 4 6 92		9. AGE (last birthday) 67		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) Ret. Switchman			10b. KIND OF BUSINESS OR INDUSTRY Railroad			11. BIRTHPLACE (City and state or country) Phoenix, Arizona			12. CITIZEN OF WHAT COUNTRY U. S. A				
13a. FATHER'S NAME Josh Routh			13b. MOTHER'S MAIDEN NAME Mary Simmons			14. NAME OF HUSBAND OR WIFE Verna E. Routh							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO.			17. INFORMANT Calvin D. Routh			Address 4518 Blue Ridge Blvd				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis										INTERVAL BETWEEN ONSET AND DEATH Two weeks			
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.) None									
20c. TIME OF INJURY Hour a.m. p.m. None		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.) None		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from 1/14/60 5004 and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Deceased or title) Douglas Howard Wood				22b. ADDRESS Butler, Mo				22c. DATE SIGNED 1/14/60					
23a. REMOVAL CREATION, (REMOVAL Specify)		23b. DATE Jan. 15-60		23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) (State) Kansas City Missouri							
24. FUNERAL DIRECTOR Floral Hills Mem, Chapels, Inc				ADDRESS R. C. Mo		25. DATE RECD. BY LOCAL REG. Jan. 14-1960		26. REGISTRAR'S SIGNATURE Randall Korum					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 1 1980

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 Forrest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

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