

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000720

FILED VS FEB 9 1960

Registration District No. 22 Primary Registration District No. 4134 Registrar's No. 25

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville Hospital		Length of stay in 1b 1 week	c. CITY OR TOWN Camden Point Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Hosp		Inside Limits Yes <input checked="" 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) First Middle Last Iva Glenn Baber			4. DATE OF DEATH Month Day Year Jan. 31, 1960			
5. SEX female	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 7-2-91	9. AGE (last birthday) 68	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and state or country) Platte Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Keefhaver		13b. MOTHER'S MAIDEN NAME Mary Runyon		14. NAME OF HUSBAND OR WIFE Robert Jackson Baber		

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. none	17. INFORMANT John Baber		Address Camden Point, Mo.	
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18. CAUSE OF DEATH (Enter only one cause by listing for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fibrillation			INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial Infarction			1 da.
	DUE TO (c) Severe Arteriosclerotic Heart Disease			Several years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Marked Pulmonary Fibrosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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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 **1-26-60** to **1-31-60** and last saw her ^{her} ~~him~~ alive on **1-31-60**
Death occurred at **7:55** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Paul C. Tesoro</i>		22b. ADDRESS Smithville, Missouri	22c. DATE SIGNED 2-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-2-1960	23c. NAME OF CEMETERY OR CREMATORY Ridgeley Cemetery	23d. LOCATION (City, town, or county) (State) Edgerton Missouri

24. FUNERAL DIRECTOR Vaughn-Aufranc	ADDRESS Dearborn, Missouri	25. DATE RECD. BY LOCAL REG. 2-2-60	26. REGISTRAR'S SIGNATURE <i>Marguerite Hudgens</i>
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(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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 402

P. O. Address Weston

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