

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005979

FILED VS. FEB 19 1960

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 30

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		Length of stay in lb <u>12 days.</u>		c. CITY OR TOWN <u>Trenton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 1</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Johnson</u> Middle <u>-</u> Last <u>Hall</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>11</u> Year <u>1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/26/77</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Killduff, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Harry S. Hall</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Goodman</u>			14. NAME OF HUSBAND OR WIFE <u>Never married.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>496-42-1998</u>		17. INFORMANT <u>George Hall</u> Address <u>Route 4 Spickard, Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular Renal Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>							
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 <u>Jan 1st 1959</u> to <u>Feb 11th 1960</u> and last saw her/him alive on <u>Feb 11th 1960</u> Death occurred at <u>1132</u> <u>Av</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Oliver F. Duffy MD</u> (Name or title)				22b. ADDRESS <u>Trenton Mo</u>		22c. DATE SIGNED <u>Feb 13th 1960</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/14/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u>		23d. LOCATION (City, town, or county) <u>Spickard Mo.</u>			
24. FUNERAL DIRECTOR <u>Jordan Beckman</u> ADDRESS <u>Trenton, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>2-14-60</u>		26. REGISTRAR'S SIGNATURE <u>Jane Jais</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF.

OF. Duffy MD.

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 196

**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 *Claude H. [Signature]*

Licensed Embalmer No. 4986

P. O. Address Trenton, N.J.

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.