

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009513

FILED VS. MAR 15 1960 336

Primary Registration District No. 396

Registrar's No. 48

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <i>Shannon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howell</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Birch Tree</i>		Length of stay in 1b		c. CITY OR TOWN <i>Mountain View</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>Route #.1</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Michael</i> Middle <i>Lee</i> Last <i>Sedgerwood</i>				4. DATE OF DEATH Month <i>March</i> Day <i>1</i> Year <i>1960</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>2/14/59</i>	9. AGE (last birthday) <i>1</i>		IF UNDER 1 YEAR Months <i>1</i> Days <i>1</i>	IF UNDER 24 HR Hours <i>4</i> Min. <i>8</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Mtn. View, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13a. FATHER'S NAME <i>Virgil Sedgerwood</i>			13b. MOTHER'S MAIDEN NAME <i>Patricia Ann Shepherd</i>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Virgil Sedgerwood</i> Address <i>Mtn. View, Mo. Rt 1</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY							INTERVAL BETWEEN ONSET AND DEATH <i>4 hours</i>		
IMMEDIATE CAUSE (a) <i>Wet Bronchial Pneumonia</i>			DUE TO (b) <i>Pernicious Anemia</i>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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 <i>3:35 PM</i> Month, Day, Year <i>March 1, 1960</i>		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.) <i>March 1, 1960</i>		20f. CITY, TOWN, OR LOCATION <i>March 1, 1960</i>		COUNTY <i>Howell</i> STATE <i>Missouri</i>	
21. I attended the deceased from <i>March 1, 1960</i> to <i>March 1, 1960</i> and last saw <i>him</i> alive on <i>March 1, 1960</i> . Death occurred at <i>3:35 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>J. L. Brown</i> (Degree or title)				22b. ADDRESS <i>Birch Tree Mo</i>			22c. DATE SIGNED <i>3/5/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3/3/60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>New City Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Mountain View, Mo.</i>			
24. FUNERAL DIRECTOR <i>Duncan Funeral Home</i> ADDRESS <i>Mtn. View, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>Mar 4, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Mabel Reese</i>			

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

Richard P. Norton

Licensed Embalmer No. 5029

P. O. Address Mt. View

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