

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009838
STATE FILE NUMBER

FILED VS MAR 28 1960

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 15

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY BENTON		b. CITY (If outside corporate limits, give TOWNSHIP only) WARSAW, MO.		a. STATE MO		b. COUNTY BENTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INSIDE CITY LIMITS		Length of stay in 1b		c. CITY OR TOWN WARSAW, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS OLD HIGHWAY 65		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) OLD HIGHWAY 65		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last CHARLES WILLIAM DEMING SR.				Month Day Year MAR., 23, 1960			
5. SEX MALE	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 11-16-96	9. AGE (last birthday) 63	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) LINEMAN		10b. KIND OF BUSINESS OR INDUSTRY POWER & LIGHT CO.		11. BIRTHPLACE (City and state or country) LAWRENCE, KANSAS		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME CHARLES L. DEMING.			13b. MOTHER'S MAIDEN NAME MARY HUDSON PEDLER		14. NAME OF HUSBAND OR WIFE MRS. IRENE DEMING		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXXX			16. SOCIAL SECURITY NO. 496-07-6459		17. INFORMANT Address MRS. IRENE DEMING, WARSAW, MO.		
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	
IMMEDIATE CAUSE (a) ACUTE CIRCULATORY FAILURE						1 MIN.	
DUE TO (b) RUPTURED MYCARDIAL INFARCTION (OLD & NEW)						1 MIN.	
DUE TO (c) ARTERIOSCLEROSIS						5 YRS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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 checked="" 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 Month, Day, Year a.m. p.m.		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 DEAD ON ARRIVAL and last saw her/him alive on DEAD ON ARRIVAL Death occurred at 3.00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree Title) <i>Suss Sally JD</i>				22b. ADDRESS WARSAW, MO.		22c. DATE SIGNED 3-24-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-26-60		23c. NAME OF CEMETERY OR CREMATORY SEVERANCE CEMETERY		23d. LOCATION (City, town, or county) (State) SEVERANCE, KANSAS	
24. FUNERAL DIRECTOR ADDRESS HEATH-BOWMAN FUNERAL HOME, ST. JOSEPH, MO.				25. DATE RECD. BY LOCAL REG. Mar 24 1960		26. REGISTRAR'S SIGNATURE <i>Jos R Logan</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS APR 12 1960

APR 20 1960

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

Jack R. Reese

Licensed Embalmer No. 4643

P. O. Address Marshall

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.