

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010658

STATE FILE NUMBER

FILED VS. MAR 17 1960
 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in 1b 8 days		c. CITY OR TOWN Trenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 5	
3. NAME OF DECEASED (Type or print) First VERNIC Middle E Last WITTEN				4. DATE OF DEATH Month Feb Day 16 Year 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 7/17/1895	
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days 		IF UNDER 24 HR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY Agriculture			11. BIRTHPLACE (City and state or country) Daviess Co. Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Charles H. Witten			13b. MOTHER'S MAIDEN NAME Effie Smithon			14. NAME OF HUSBAND OR WIFE Zola Ridge Witten	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 			16. SOCIAL SECURITY NO. 496-42-0096		17. INFORMANT Vernie E. Witten Jr. Address Carlsbad N.M.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corning Pectoris with acute heart failure DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 							INTERVAL BETWEEN ONSET AND DEATH 3 weeks
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.)			
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 Jan 25th 1960 to Feb 16th 1960 Death occurred at 12th Ave m on the date stated above, and to the best of my knowledge, from the causes stated.				Earliest saw him alive on Feb 15th 1960			
22a. SIGNATURE Oliver P. Duffy (Doctor or Minister)				22b. ADDRESS Trenton		22c. DATE SIGNED Feb 18th 1960	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 2/18/1960		23c. NAME OF CEMETERY OR CREMATORY Foot Cemetery		23d. LOCATION (City, town, or county) (State) Edinburg, Mo.	
24. FUNERAL DIRECTOR Gordon Blackmon ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 2-24-60		26. REGISTRAR'S SIGNATURE Lucene Jain			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Oliver Duffy

(Licensed Embalmer's Statement on Reverse Side)

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 Gordon Blackmer

Licensed Embalmer No. 4602

P. O. Address Trenton, m

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