

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011578

FILED VS. MAR 23 1960

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 43

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP		Length of stay in 1b 16 DAYS	c. CITY OR TOWN FESTUS, MISSOURI Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL HOSP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. # 3 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WALTER Middle EARL Last NUTTER			4. DATE OF DEATH Month MAR. Day 13 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-3-84	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REFRIGERATION		10b. KIND OF BUSINESS OR INDUSTRY REFRIGERATION	11. BIRTHPLACE (City and state or country) BRIGHTON, ILL.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME HARRISON NUTTER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE DECEASED		

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.	17. INFORMANT WM NUTTER, RR#3, FESTUS, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 17 days
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
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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 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 2-26-60 , to 3-13-60 and last saw ^{her} him alive on 3-12-60 Death occurred at 3:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE (Degree or title) John F. Rutledge	22b. ADDRESS M.D. Manns Bldg., Festus, Mo.	22c. DATE SIGNED 3-14-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) 3-15-60	23b. DATE 3-15-60	23c. NAME OF CEMETERY OR CREMATORY ROSELAWN	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, Mo.
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24. FUNERAL DIRECTOR James R. Cady, Crystal City, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 3-14-60	26. REGISTRAR'S SIGNATURE James A. [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 23 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
or by _____, Student Embalmer No. _____
working under my personal supervision. _____

Student _____
Signature of Student Embalmer _____

Signed James Richard Cady
Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY

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.