# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-011719
STATE FILE NUMBER

ENDED

Registration District No. 184 Primary Registration District No. 5687 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BROOKFIELD TWP.
Length of stay in 1b: —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: LANE'S INN, 1 MI. SO. OF BROOKFIELD
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: LINN
c. CITY OR TOWN: BROOKFIELD
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 216 S. MAIN
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle SPENCER Last SPORTSMAN
4. DATE OF DEATH: Month MAR. Day 18. Year 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: NOV. 21, 1902
9. AGE (last birthday): 57
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): RAILWAY CONDUCTOR
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (City and state or country): MARCELINE, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: GEORGE B. SPORTSMAN
13b. MOTHER'S MAIDEN NAME: ELIZA STATTS
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: DONALD SPORTSMAN Address: BROOKFIELD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute coronary accident
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Two previous coronary attacks within the last yr.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb. 9, 1960 to March 18, 1960 I last saw him alive on March 18, 1960
Death occurred at 10:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John W. White D.O.
John W. White, D. O.
22b. ADDRESS: Brookfield, Missouri
22c. DATE SIGNED: 3/19/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEM.
23d. LOCATION (City, town, or county) (State): MARCELINE, MO.
24. FUNERAL DIRECTOR ADDRESS: WRIGHT FUNERAL HOME, BROOKFIELD, MO
25. DATE RECD. BY LOCAL REG.: 3-21-60
26. REGISTRAR'S SIGNATURE: Kathaline Johnson

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

0961 8 8

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_____ Signed Harold B. Wright

Signature of Student Embalmer

Licensed Embalmer No. 3718

P. O. Address Brookfield,

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