

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011724

FILED VS APR 4 1960

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 54

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>	Length of stay in 1b <u>8 years</u>	c. CITY OR TOWN <u>Chillicothe</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Strand Hotel</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Washington</u> Last <u>Close</u>			4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-29-1886</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Dawson, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Garrett W. Close</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Judd</u>		14. NAME OF HUSBAND OR WIFE <u>Raytown, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (g. or unknown) (if yes, give year or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT <u>Mrs. M.C. Summers: Raytown, Mo</u>		

18. CAUSE OF DEATH (Enter only one line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
IMMEDIATE CAUSE (a) <u>CARDIO-VASCULAR RENAL FAILURE</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <u>Dehydration</u>	
DUE TO (c) <u>Physiological Vomiting</u>		<u>3 mo.</u>

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 _____ 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 11-13-59 to 3-26-60 and last saw ^{her}him alive on 3/26/60
Death occurred at nine a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. W. Matney M.D.</u>	(Degree or title)	22b. ADDRESS <u>Chillicothe, Missouri</u>	22c. DATE SIGNED <u>3/28/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-28-'60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>May</u>	23d. LOCATION (City, town, or county) (State) <u>Livingston County, Mo.</u>
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24. FUNERAL DIRECTOR <u>Norman Funeral Home: Chillicothe, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3/28/60</u>	26. REGISTRAR'S SIGNATURE <u>Francis B Neill</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

0961 21 8

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 Elton F. Thomas

Licensed Embalmer No. 4036
P. O. Address Chillicothe,

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.