

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 21 1960

60-012041

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE - b. COUNTY -	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA		Length of stay in 1b 1 Hour.	c. CITY OR TOWN - Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOTHWELL MEMORIAL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) - Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First KAREN Middle JEAN Last ZINK			4. DATE OF DEATH Month MARCH Day 14 Year 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-14-60	9. AGE (last birthday) 0	IF UNDER 1 YEAR Months 1 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SEDALIA, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME DARLENE PATRICIA GILLESPIE		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 Address DARLENE ZINK 320 No. Prospect Sedalia Missouri			
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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) Prematurity 22 weeks		INTERVAL BETWEEN ONSET AND DEATH -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	DUE TO (c) Premature Labor - Maternal
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) no apparent anomalies.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 10:35 PM Month, Day, Year 3-14-60 a.m. 11:53 P 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 **10:35 PM 3-14-60** to **11:53 PM 3-14-60** and last saw her alive on **3-14-60**
Death occurred at **11:53 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stanley D. Fisher M.D. (Degree or title)		22b. ADDRESS 500 W. 16th Sedalia Missouri		22c. DATE SIGNED 3-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 19, 1960	23c. NAME OF CEMETERY OR CREMATORY CROWN HILL CEMETERY	23d. LOCATION (City, town, or County) (State) SEDALIA, Mo.	

24. FUNERAL DIRECTOR D.W. HECKART - SEDALIA, MO.	ADDRESS GILLESPIE FUNERAL HOME	25. DATE RECD. BY LOCAL REG. 3-19-1960	26. REGISTRAR'S SIGNATURE Frances Shelby	
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo.

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.