URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 7 1960

60-012168

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 94

ENDED

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b: 8-Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Chariton
c. CITY OR TOWN Keytesville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5-Miles N. of Keytesville — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Charles Middle: Alferd Last: Wake

4. DATE OF DEATH Month: March Day: 27th Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-25-1889
9. AGE (last birthday): 71
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: Farming
11. BIRTHPLACE (City and state or country): Sheridan Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Fred Wake
13b. MOTHER'S MAIDEN NAME: Maragret Lemon
14. NAME OF HUSBAND OR WIFE: Lottie Wake

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.: 495-40-2787
17. INFORMANT: Mrs. Lottie Wake Address: Keytesville, 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) Ruptured duodenal ulcer — INTERVAL BETWEEN ONSET AND DEATH: March 23
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. ☐ 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 March 19th-60 to March 27th-60 and last saw her/him alive on March 27th-60
Death occurred at 10:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thos S. Fleming MD
22b. ADDRESS: Moberly Missouri
22c. DATE SIGNED: 3-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 29, 1960
23c. NAME OF CEMETERY OR CREMATORY: Isadore, Cemetery
23d. LOCATION (City, town, or county) (State): Worth County, Mo.

24. FUNERAL DIRECTOR: H. D. Garrett ADDRESS: Keytesville, Mo.
25. DATE RECD. BY LOCAL REG.: 3-29-60
26. REGISTRAR'S SIGNATURE: Leola Lowe

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3046

P. O. Address _____

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