

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 6 1960

-60-019151

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 158

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>36 hrs.</u>	c. CITY OR TOWN <u>Indianapolis 8140</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Walter Hesp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>908 E Detroit</u>
3. NAME OF DECEASED (Type or print) First <u>SHERYL</u> Middle <u>LYNNE</u> Last <u>CURNES</u>		4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1960</u>	
5. SEX <u>Female</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>2-7-1952</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE (last birthday) <u>8</u>
13a. FATHER'S NAME <u>Robert W. Curnes</u>		11. BIRTHPLACE (City and state or country) <u>Des Moines Iowa</u>	
13b. MOTHER'S MAIDEN NAME <u>Betty June Keatch</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Robt W Curnes. Indiana, Iowa</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Arrest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
DUE TO (b) <u>Compound fracture of skull = Brain injury</u>			<u>36 hours</u>
DUE TO (c) <u>Ran over by wheels of a tractor</u>			<u>36 hours</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 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 <u>4:30</u> a.m. <u>4:30</u> p.m. Month, Day, Year <u>6-2-60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>105 E. Ohio Clinton Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Clinton Mo.</u>	
21. I attended the deceased from <u>6-2-60, 4:30 p.m.</u> to <u>6-3-60, 12:47 p.m.</u> and last saw her alive on <u>6-3-60</u>		22a. SIGNATURE (Degree or title) <u>Clinton L. Gless, DO</u>	
22b. ADDRESS <u>105 E. Ohio Clinton Mo.</u>		22c. DATE SIGNED <u>6-3-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6/6/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>IOOF Ceme</u>	23d. LOCATION (City, town, or country) (State) <u>Indianapolis Iowa</u>
24. FUNERAL DIRECTOR <u>OVERTON FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>June 3, 1960</u>	
ADDRESS <u>INDIANOLA IOWA</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

(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

F. L. Schaberg

Licensed Embalmer No.

451

P. O. Address

Clinton

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 embalged by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.