

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019946

FILED VS MAY 17 1960

174

Registration District No. _____ Primary Registration District No. 3035

Registrar's No. 49

STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u> | Length of stay in 1b <u>5 Days</u> | c. CITY OR TOWN <u>Corder</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>North end</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>CLARA</u> Middle <u>DETERDING</u> Last _____ | 4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1960</u> |
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| 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>11/28/1884</u> | 9. AGE (last birthday) <u>75</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u> | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--- housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Quintessence</u> | 11. BIRTHPLACE (City and state or country) <u>Corder, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>George H. Deterding</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Robohm</u> | 14. NAME OF HUSBAND OR WIFE <u>Never Married</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT Address <u>Mrs. Elmer Hill Corder, Missouri</u> |
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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) <u>Memia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Chronic glomerulonephritis</u> | |
| | DUE TO (c) _____ | |

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| 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 |
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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.) _____ |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
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| 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 _____ |
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21. I attended the deceased from 1958 to May 9 1960 and last saw her alive on May 8, 1960
Death occurred at 6:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD.</u> | 22b. ADDRESS <u>Higginsville, Mo</u> | 22c. DATE SIGNED <u>May 9-60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5/11/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Corder Missouri</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>A. H. Hader Funeral Home</u> | 25. DATE RECD. BY LOCAL REG. <u>5-9-60</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 18 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Levan Thurman

Licensed Embalmer No. 4563

P.O. Address Richmond, Va.

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.