

FIL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021988

FILED VS JUN 6 1960

Registration District No. 324 Primary Registration District No. 6082 Registrar's No. 115 STATE FILE NUMBER

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|--|--|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Saline | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Saline | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nelson | | Length of stay in 1b 15 years | c. CITY OR TOWN Nelson | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural route No. I | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rural route No. I | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First William Middle Leonard Last Detmer | | | 4. DATE OF DEATH Month May Day 28th Year 1960 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-8-1907 | 9. AGE (last birthday) 52 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 Farm | 11. BIRTHPLACE (City and state or country) Saline County Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Ernest Fred Detmer | | 13b. MOTHER'S MAIDEN NAME Christiana Scholtz | | 14. NAME OF HUSBAND OR WIFE Velma Hinnah Detmer | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 488-26-3468 | 17. INFORMANT Mrs Velma H. Detmer, Nelson, Mo. R. No. I Address | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suicide (by hanging) | | | | | 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) _____ | | | | | | |
| 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"/> N. <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Hanging Self-inflicted | | | | |
| 20c. TIME OF INJURY Hour 7: a.m. 5-28-60 Month, Day, Year | 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.) In Corn Field on farm | 20f. CITY, TOWN, OR LOCATION Arrow Rock | COUNTY Saline | STATE Mo. | |
| 21. I attended the deceased from 7:00 o'clock and last saw him alive on 5-28-60 Death occurred at 7:00 o'clock and 5-28-60 on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE P.L. Lawless M.D. (Degree or title) | | | 22b. ADDRESS Marshall Mo. | | 22c. DATE SIGNED 5-30-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-30-1960 | 23c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery | 23d. LOCATION (City, town, or county) (State) Arrow Rock Missouri | | | |
| 24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo. ADDRESS | | 25. DATE RECD. BY LOCAL REG. 5-30-'60 | 26. REGISTRAR'S SIGNATURE Cecil G. Read | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 7 1950

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 James K. Lewis

Licensed Embalmer No. 4709
P. O. Address Marshall, T.

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.