

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022114

FILED VS. JUN 14 1960

360

Primary Registration District No. 6225

Registrar's No. 113

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Townshp		Length of stay in 1b 33yrs 11mos 27 days		c. CITY OR TOWN Thayer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3, Nevada, Mo.				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First James Middle Ernest Last Passwater			4. DATE OF DEATH Month June Day 2 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 10-23-1880	9. AGE (last birthday) 79	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone lineman		11. BIRTHPLACE (City and state or country) Allerton, Iowa	
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME T. W. Passwater			13b. MOTHER'S MAIDEN NAME Josephine Clark			14. NAME OF HUSBAND OR WIFE Kathryn Kerr Passwater		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Records, State Hospital No. 3, Nevada, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular accident DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 5 days Many years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Syphilis for many years.					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 _____ a.m. _____ p.m. Month, Day, Year _____								
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 6-12-26 to 6-2-60 and last saw ^{him} alive on 6-2-60 Death occurred at 12:45 p on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W.C. Bradley, M.D.				22b. ADDRESS State Hospital #3 Nevada, Mo		22c. DATE SIGNED 6-2-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE June 2, 60		23c. NAME OF CEMETERY OR CREMATORY Kansas City, Missouri		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR Burch Funeral Home		ADDRESS Ash Grove, Mo.		25. DATE RECD. BY LOCAL REG. 6-8-1960		26. REGISTRAR'S SIGNATURE Anna E. Jerry		

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

Lloyd C. McLeod

Licensed Embalmer No. 4853

P. O. Address Greenville, S.C.

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.