

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022179

STATE FILE NUMBER

FILED VS JUN 20 1960

Primary Registration District No. 3000

Registrar's No. 184

1. PLACE OF DEATH a. COUNTY AD AIR				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY SCHUYLER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Length of stay in 1b 10 MIN.		c. CITY OR TOWN LANCASTER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAUGHLIN HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) NCNE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First GEORGE Middle WASHINGTON Last STRETCH				4. DATE OF DEATH Month JUNE Day 15 , Year 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH April 13, 1893-	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 2 Days 2	IF UNDER 24 HR Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY LABORER		11. BIRTHPLACE (City and state or country) LANCASTER, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME GEORGE STRETCH			13b. MOTHER'S MAIDEN NAME SARAH JONES			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I. about 90 days (493-03-5590)			16. SOCIAL SECURITY NO. 493-03-5590		17. INFORMANT Address Illinois Melrose Park				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) Arteriosclerotic heart disease							INTERVAL BETWEEN ONSET AND DEATH 7 minutes 2 days years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Asthma						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 6-14-60 to 6-15-60 and last saw ^{her} him alive on 6-15-60 Death occurred at 12:15 am on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Richard A. Steel Jr. M.D.				22b. ADDRESS Kirkwood Mo				22c. DATE SIGNED 6-14-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-17-60	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.			23d. LOCATION (City, town, or county) Lancaster, Missouri			
24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home, Lancaster, Mo.				25. DATE RECD. BY LOCAL REG. 6-16-1960		26. REGISTRAR'S SIGNATURE Doris W. Raloff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 11 1960

RICHARD A. STILL, JR. D.O.

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 Frank Foster

Licensed Embalmer No. 4742

P. O. Address Kukui

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.