

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-022973

FILED VS JUL 5 1960

137

Primary Registration District No. 4210

Registrar's No. 174

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor Mo.</u>		Length of stay in lb <u>4 months</u>		c. CITY OR TOWN <u>Windsor Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>208 East Jackson</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNA WEIGHTMAN FIELD GLASS</u>				4. DATE OF DEATH Month Day Year <u>June 29 1960</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 4, 1882</u>	
9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days Hours Min.		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Higginville Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John W. Field</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Louise Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Waldemar Field</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>		16. SOCIAL SECURITY NO. <u>561-05-2436</u>		17. INFORMANT <u>Robert Field</u>		Address <u>Windsor Mo.</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>Circulatory Collapse</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hemorrhage from Bladder</u> DUE TO (c) <u>Carcinoma of Urinary Bladder</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>7 days</u> <u>1 year</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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>Feb 1960</u> to <u>June 29, 1960</u> and last saw her alive on <u>June 29, 1960</u> Death occurred at <u>11:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Doctor or title) <u>William Smith M.D.</u>			
22b. ADDRESS <u>Windsor Mo.</u>		22c. DATE SIGNED <u>6/30/60</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>			
23b. DATE <u>July 1, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Concordance Lane</u>		23d. LOCATION (City, town, or county) <u>Kansas City Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>July 2, 1960</u>	
23f. FUNERAL DIRECTOR <u>Ellis M. Huston</u>		ADDRESS <u>Windsor Mo.</u>		23g. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		23h. DATE <u>July 2, 1960</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 Ellis M. Houston

Licensed Embalmer No. 3391

P. O. Address Winder

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.