

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023620

FILED VS JUN 22 1960

160

Primary Registration District No. 3030

Registrar's No. 81

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jeff.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus		c. CITY OR TOWN Festus	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 416 S. Adams		d. STREET ADDRESS (If outside, give location) 416 S. Adams	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William Middle H. Last Culton			4. DATE OF DEATH Month June Day 11, Year 1960				
5. SEX male	6. COLOR OR RACE colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-20-92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired glassworker		10b. KIND OF BUSINESS OR INDUSTRY P.P.G.Co.		11. BIRTHPLACE (City and state or country) Cadet, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Edward Culton			13b. MOTHER'S MAIDEN NAME Amanda Sides		14. NAME OF HUSBAND OR WIFE Myrtle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. W.H.Culton Address Festus, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial infarction		12 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) myocarditis	5-8 yr
	DUE TO (c) arteriosclerosis	5-8 yr
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 <input checked="" 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 3:00 p.m. Month June Day 11 Year 1960	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.) 1454	20f. CITY, TOWN, OR LOCATION Festus COUNTY Jeff. STATE Mo.

21. I attended the deceased from **1454** to **11 June 60** and last saw her alive on **9 June 60**.
Death occurred at **3:00 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William B. Jowers, DO. (Degree or title)	22b. ADDRESS 503 W. Main - Festus	22c. DATE SIGNED 6-14-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-15-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion
24. FUNERAL DIRECTOR Gentry R. Politte ADDRESS Crystal City,		23d. LOCATION (City, town, or county) Festus, MO.
25. DATE RECD. BY LOCAL REG. 6-14-60		26. REGISTRAR'S SIGNATURE Paul G. [Signature]

(License 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, *Quincy P. Pelletier*

Licensed Embalmer No. 348

P. O. Address Crystal

• R O O I E

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.