

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023779

FILED VS JUL 6 1960

195

Registration District No.

Registrar's No.

53-60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo		Length of stay in 1b 20 years	c. CITY OR TOWN rt 1, Goodman Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 mi. SE of Seneca		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9 mi. SE of Seneca Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Hugh Middle Harrison Last Wetzel			4. DATE OF DEATH Month June Day 21 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 April 15, 1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
--------------------	-------------------------------	---	--	----------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & oilworker	10b. KIND OF BUSINESS OR INDUSTRY Carter Oil Co.	11. BIRTHPLACE (City and state or country) Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	--	---

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 443-01-5441	17. INFORMANT H.H. Wetzel, jr. rt 1, Goodman, Mo. 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) Acute coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH Few minutes
DUE TO (b) Arteriosclerotic cardiovascular disease		Over 6 months
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"/> 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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 410 Jackson, Joplin, Mo.	COUNTY Newton	STATE Missouri
---	--	---	-------------------------	--------------------------

21. I attended the deceased from **11-3-59** to **6-24-60** and last saw him alive on **6-17-60**
Death occurred at **9:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. E. DeTar, Sr. M.D. (Degree or title)	22b. ADDRESS DeTar Clinic 410 Jackson, Joplin, Mo.	22c. DATE SIGNED 6-28-60
---	---	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/28/60	23c. NAME OF CEMETERY OR CREMATORY Swars Prairie Bant. Cem, Newton County, Missouri	23d. LOCATION (City, town, or county) (State)
---	--------------------------	--	---

24. FUNERAL DIRECTOR W. E. DeTar, Sr. Seneca Mo ADDRESS	25. DATE RECD. BY LOCAL REG. June 29, 1960	26. REGISTRAR'S SIGNATURE Mary C. Bradley
--	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W E Bidder

Licensed Embalmer No. 217

P. O. Address Seneca

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.