URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960

=60=026110
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 206

NDED

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton
Length of stay in 1b ----
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Callaway Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Fulton
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) R.F.D.# 4
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Glenn Middle Richard Last Stith
4. DATE OF DEATH Month July Day 25 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/8/1917
9. AGE (last birthday) 42
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman and Pressman
10b. KIND OF BUSINESS OR INDUSTRY at Ovid Bell Press
11. BIRTHPLACE (City and state or country) Long Point, Ill
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Stith
13b. MOTHER'S MAIDEN NAME Lenora Artman
14. NAME OF HUSBAND OR WIFE Marcella
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Navy W.War II
16. SOCIAL SECURITY NO. 332-16-5542
17. INFORMANT Mrs. Glenn R. Stith Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 July 22, 1960 to ____ and last saw her/him alive on July 22, 1960
Death occurred at 10 AM July 25, 1960 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James E. Hill (Degree or title) MD
22b. ADDRESS Fulton Mo
22c. DATE SIGNED 7-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 27, 1960
23c. NAME OF CEMETERY OR CREMATORY Callaway Memorial Gardens
23d. LOCATION (City, town, or county) Fulton (State) Mo

24. FUNERAL DIRECTOR Wallace Funeral Home
ADDRESS Fulton, Mo
25. DATE RECD. BY LOCAL REG. July-25-1960
26. REGISTRAR'S SIGNATURE Marietta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 27 1960
AUG 1 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Dwight E. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, Me

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