URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS JUL 18 1960

ENDED

60-026119
STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 28

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osage
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Camdenton Rural Route
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Camden
c. CITY OR TOWN: Camdenton
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Katherine Middle Belle Last Canfield
4. DATE OF DEATH: Month 7 Day 9 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/15/59
9. AGE (last birthday): 1
IF UNDER 1 YEAR: Months 4 Days 24
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Camdenton Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Canfield
13b. MOTHER'S MAIDEN NAME: Zelma Ritter
14. NAME OF HUSBAND OR WIFE
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: John Canfield, Address: Camdenton Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Paralysis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Respiratory Failure
DUE TO (c): Drowning
INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
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.) Fell in bath tub.
20c. TIME OF INJURY: Hour 2:50 a.m. p.m. Month, Day, Year 7/9/60
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.): home
20f. CITY, TOWN, OR LOCATION: Camdenton COUNTY STATE Mo.

21. I attended the deceased from Case at death to and last saw her/him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Kenneth E. Wittlum (Degree or title) DO
22b. ADDRESS: Camdenton Mo.
22c. DATE SIGNED: 7/11/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/11/60
23c. NAME OF CEMETERY OR CREMATORY: Climax Springs Cemetery
23d. LOCATION (City, town, or county) (State): Climax Springs, Mo.

24. FUNERAL DIRECTOR: Reed Funeral Home, ADDRESS: Camdenton Mo
25. DATE RECD. BY LOCAL REG.: July 11-1960
26. REGISTRAR'S SIGNATURE: Zilpha J. Drew

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Robert W Reed

Signature of Student Embalmer

Licensed Embalmer No. 3745

P. O. Address Camdenton

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