

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026606

FILED VS. AUG 8 1960

132

Primary Registration District No.

Registrar's No.

136

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY GRUNDY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON TWP.		Length of stay in lb		c. CITY OR TOWN TRENTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. #2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARTIN Middle Shelby Last Keith				4. DATE OF DEATH Month July Day 31 Year 1960					
5. SEX Male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JUNE 14, 1887		9. AGE (last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trenton Municipal		10b. KIND OF BUSINESS OR INDUSTRY Police		11. BIRTHPLACE (City and state or country) GRUNDY Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME Richard Keith			13b. MOTHER'S MAIDEN NAME Charlotte Shifflet			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. 487-20-1517		17. INFORMANT ORA Keith		Address Trenton 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) Acute coronary occlusion DUE TO (b) Arteriosclerotic myocardial infarction, severe. DUE TO (c) Systolic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH instantly		
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"/> N. <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 3-28-60 to 7-31-60 and last saw him alive on 6-6-60 Death occurred at 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) C. L. Clark M.D.				22b. ADDRESS Trenton, Mo.		22c. DATE SIGNED 8-1-60			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE Aug 2, 1960		23c. NAME OF CEMETERY OR CREMATORY South EVANS		23d. LOCATION (City, town, or county) (State) Grundy County Mo.			
24. FUNERAL DIRECTOR J. Gordon Blackman		ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 8-2-60		26. REGISTRAR'S SIGNATURE J. Neisner			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 10 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

Claude H. Cummings

Licensed Embalmer No. 4986

P. O. Address Trinton,

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.