

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027553

FILED VS AUG 1 0 1960

385

Primary Registration District No. 3039

Registrar's No. 138

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LINN					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		Length of stay in 1b		c. CITY OR TOWN MARCELINE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 301 E. CHICAGO			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 301 E. CHICAGO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOSEPH Middle SPORTSMAN Last				4. DATE OF DEATH Month JULY Day 23 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 1-14-1902	9. AGE (last birthday) 58		IF UNDER 1 YEAR Months 10 Days 9	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONDUCTOR			10b. KIND OF BUSINESS OR INDUSTRY ATSF Rwy		11. BIRTHPLACE (City and state or country) MARCELINE MO.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME JAMES SPORTSMAN			13b. MOTHER'S MAIDEN NAME MINNIE WILLIAMS			14. NAME OF HUSBAND OR WIFE RUTH SPORTSMAN			
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. 709-18-8643		17. INFORMANT Mrs. RUTH SPORTSMAN				Address MARCELINE 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							2 hrs.		
DUE TO (b) Previous Infarction							2 yrs		
DUE TO (c) Arteriosclerotic Cardiovascular Disease									
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 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		COUNTY		STATE	
21. I attended the deceased from 1957 to July 1960 and last saw ^{her} him alive on July 10, 1960 Death occurred at 7:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>George J. Miller</i> (Degree or title)				22b. ADDRESS Marceline Missouri			22c. DATE SIGNED 7-25-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-26-60	23c. NAME OF CEMETERY OR CREMATORY ROTHVILLE CEM.		23d. LOCATION (City, town, or county) ROTHVILLE		(State) MO.		
24. FUNERAL DIRECTOR MILLER-TILLOTSON			ADDRESS MARCELINE MO.		25. DATE RECD. BY LOCAL REG. 7-25-60		26. REGISTRAR'S SIGNATURE <i>Brookie Owens</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 10 1961

0961 2,100

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 Liberman K. Tella

Licensed Embalmer No. 4508

P. O. Address Marcello

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.