

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029571

FILED VS SEP 13 1960

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Primary Registration District No. 3004

Registrar's No. 95

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Barton					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar Mo.		Length of stay in 1b 15 days		c. CITY OR TOWN Irwin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Florida Middle Hurst Last Dement				4. DATE OF DEATH Month Sept. Day 2 Year 1960					
5. SEX F.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/14/1903	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Kiowa Kans		12. CITIZEN OF WHAT COUNTRY US		
13a. FATHER'S NAME William Hurst			13b. MOTHER'S MAIDEN NAME Unk			14. NAME OF HUSBAND OR WIFE Chas. E. Dement			
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. None		17. INFORMANT Chas. E. Dement Irwin 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) Uterine Cancer							INTERVAL BETWEEN ONSET AND DEATH 3 Months		
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. <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.) LAMAR		20f. CITY, TOWN, OR LOCATION Barton		COUNTY Mo		STATE	
21. I attended the deceased from Aug 20 - 60 to Sept 2 60 and last saw her him alive on _____ Death occurred at 8:30 am 9-2-60 on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE D A Guenot M D (Degree or title)				22b. ADDRESS LAMAR				22c. DATE SIGNED 9-2-60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 5 60	23c. NAME OF CEMETERY OR CREMATORY Sheldon		23d. LOCATION (City, town, or county) Sheldon Mo				
24. FUNERAL DIRECTOR Beeny Funeral Home Sheldon Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. SEP 9 - 60		26. REGISTRAR'S SIGNATURE Maria Kenanitz			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Sheldon Benz

Licensed Embalmer No. 4203

P. O. Address Sheldon 71

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