

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030133

FILED VS AUG 9 1960

109

Primary Registration District No. 5424

Registrar's No. 29

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MSXX b. COUNTY Puerto Rico					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		Length of stay in 1b 2Hours		c. CITY OR TOWN Santurce		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Mi, N.W. Campbell			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) PUERTO, RICO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) ULMAN EUGENE KITREL				4. DATE OF DEATH Month AUGUST Day 10 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 11-1-1921		9. AGE (last birthday) 38 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S.N.			10b. KIND OF BUSINESS OR INDUSTRY U.S.N.		11. BIRTHPLACE (City and state or country) MALDEN, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME BEN KITREL			13b. MOTHER'S MAIDEN NAME LENA KNIGHT			14. NAME OF HUSBAND OR WIFE CARMEN LOPEZ KITREL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) U.S.N. W.W.II			16. SOCIAL SECURITY NO. 495-14-1637		17. INFORMANT Address CARMEN KITREL, SANTURCE, PUERTO HC Rico				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH		
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Dead on Arrival and last saw her alive on _____ Death occurred at 11:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Byron S. Franklin</i>				22b. ADDRESS Campbell, Mo.				22c. DATE SIGNED 8/10/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-13-1960		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) Malden, Mo.			
24. FUNERAL DIRECTOR ADDRESS DAY&KNIGHT F.H. MALDEN, MO.				25. DATE RECD. BY LOCAL REG. 8-15-1960		26. REGISTRAR'S SIGNATURE <i>Mrs Beulah Campbell</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS AUG 24 1960

AUG 30 1960

SEP 15 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 J. D. Schramm
Licensed Embalmer No. 4086

P. O. Address Malden

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