

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031043

FILED VS

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 430

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
Length of stay in 1b July 1958		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St John's Hosp		d. STREET ADDRESS (If outside, give location) 418 Patterson Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Harry Francis WIDEMAN Jr.			4. DATE OF DEATH Month Day Year Aug 22, 1960		
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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 Oct 28, 1917	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Parts Mgr Martin Mach Co.	10b. KIND OF BUSINESS OR INDUSTRY Machinery	11. BIRTHPLACE (City and state or country) Carthage, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Harry F Wideman	13b. MOTHER'S MAIDEN NAME Georgia Fitzer	14. NAME OF HUSBAND OR WIFE Dorothy Wideman
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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. 491-01-2241	17. INFORMANT Address Dorothy Wideman 418 Patterson Joplin, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Rheumatic heart disease with mitral regurgitation & aortic mitral stenosis	
	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"/> N. <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from 6-24-60 to 8-22-60 and last saw her/him alive on 8-19-60	Death occurred at 7:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>E. H. Hamilton M.D.</i> (Degree or title)	22b. ADDRESS E. H. HAMILTON, M. D. ROOM 302 MEDICAL ARTS BLDG. 25th & Jackson St. Joplin, Mo.	22c. DATE SIGNED 8/31/60 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 24, 1960	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	23d. LOCATION OF CEMETERY OR CREMATORY 25th & Jackson St. Joplin, Mo.
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24. FUNERAL DIRECTOR Thornhill Dillon Mort Joplin, Mo.	25. DATE RECD. BY LOCAL REG. 9-1-1960	26. REGISTRAR'S SIGNATURE <i>Nooe Merriam</i>
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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 W E Huddleston

Licensed Embalmer No. 4770
P. O. Address Koplin Mo

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.