Dept. Health, Ed., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

FILED VS SEP 14 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-031373

STATE FILE NUMBER 66

Registration District No. 210 Primary Registration District No. 3322 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Princeton — Inside Limits: Yes [#] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2 Lambert Hospital — Length of stay in Ib: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Mercer
c. CITY OR TOWN: So. Lineville — Inside Limits: Yes [#] No [ ]
d. STREET ADDRESS: 650 (If outside, give location) — Reside on Farm: Yes [ ] No [#]

3. NAME OF DECEASED (Type or print): First: Lonnie Middle: Lee Last: Retherford

4. DATE OF DEATH: Month: Sept Day: 2 Year: 1960

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [#] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Febr. 26, 1896
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Rock Island R.R.
11. BIRTHPLACE (City and state or country): Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Lewis Fortner Retherford
13b. MOTHER'S MAIDEN NAME: Lucy Overton
14. NAME OF HUSBAND OR WIFE: Amanda Retherford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War # I
16. SOCIAL SECURITY NO.: 708-10-7957
17. INFORMANT: Amanda Retherford Address: Lineville Iowa

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 10 years
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 August 31, 1957, to September 2, 1960 I last saw him alive on September 2, 1960
Death occurred at 9:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: 210 W. Main St. Princeton, Mo.
22c. DATE SIGNED: 9-8-1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 5, 1960
23c. NAME OF CEMETERY OR CREMATORY: Early Cemetery
23d. LOCATION (City, town, or county) (State): Mercer Mo.

24. FUNERAL DIRECTOR: Ames Greenlee ADDRESS: Lineville
25. DATE REC'D BY LOCAL REG.: 9-8-60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

1-C

SEP 15 1960

SEP 27 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 me, ~~or by~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed James Greenlee

Licensed Embalmer No. 3967

P. O. Address Greenleeville

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.