

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS AUG 24 1960

**-60-031712**

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. \_\_\_\_\_ Registrar's No. 59

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Ripley</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Thomas Twp.</b> Length of stay in lb <b>6 YEARS</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5 mi. N. Naylor, Mo.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b> c. CITY OR TOWN <b>Rural</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>5 mi. N. Naylor</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Frank</b> Middle <b>Kretch</b> Last <b>Kretch</b>			<b>4. DATE OF DEATH</b> Month <b>August</b> Day <b>1</b> Year <b>1960</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>11/1/79</b>	<b>9. AGE (last birthday)</b> <b>80</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farm &amp; Carpenter</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farm &amp; Carpenter</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Trata, Yugoslavia</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>Unknown</b>
<b>13a. FATHER'S NAME</b> <b>Jern Kretch</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ana Lampert</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mary Likar (Deceased)</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>622-03-8791A</b>		<b>17. INFORMANT</b> Address <b>Nellie Stewart Naylor, Mo.</b>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Primary Adenocarcinoma of Prostate (6 months)</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Heart Disease</b>				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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE		
<b>21. I attended the deceased from</b> <b>Nov. 12, 1957</b> to <b>8/1/60</b> and last saw him alive on <b>8/1/60</b> Death occurred at <b>8:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <b>J. L. Smith, DO</b>			<b>22b. ADDRESS</b> <b>Naylor, Mo.</b>		<b>22c. DATE SIGNED</b> <b>8-15-60</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>8/4/1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Gum Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Naylor, Missouri</b>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Edwards-Parrent Naylor, Mo.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>8-19-60</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>Flava Broz.</b>		

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 Gene Harsen

Licensed Embalmer No. 4809

P.O. Address Naylor

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.