

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 13 1960 360

-60-033568

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 168

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Vernon		b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada		a. STATE Missouri		COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada		Length of stay in 1b 57 Yrs		c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 511 N. Washington			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 511 N. Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First William		Middle A		Last Inwood		Month Day Year August 25 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 Aug. 19, 82	9. AGE (last birthday) 78	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) Eng.		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (City and state or country) Erie, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME George Enwood			13b. MOTHER'S MAIDEN NAME Elizabeth Anderson		14. NAME OF HUSBAND OR WIFE Laura Mae Inwood		
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. X		17. INFORMANT Address Laura Inwood, Nevada, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Carcinomatosis of the abdomen						8 mos.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Metastasis 8 mos.	
DUE TO (c) Pigmented Nevus of right leg.						2 yrs.	
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	
Duodenal ulcer.							
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 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 May 8, 1951 to Aug. 25, 1960 and last saw him Aug. 23, 1960 alive on Death occurred at Nevada, Mo. 12:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. B. Wray, M.D.				22b. ADDRESS Moore Bldg., Nevada, Missouri		22c. DATE SIGNED 8/27, 1960	
23a. BURIAL (Cremation, Removal, Specify) Burial		23b. DATE 8/27/60		23c. NAME OF CEMETERY OR CREMATORY Deepwood		23d. LOCATION (City, town, or county) (State) Nevada, Missouri	
24. FUNERAL DIRECTOR Richard L. Shorten, Nevada, Mo.			25. DATE RECD. BY LOCAL REG. 9-6-1960		26. REGISTRAR'S SIGNATURE Anna E. Jory		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 9 1001

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 *Robert C. McLeod*

Licensed Embalmer No. 4853

P. O. Address Florida

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.