

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035333

FILED VS OCT 11 1960

167

Registration District No. 5606 & Registrar's No. 46

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Johnson			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Pittsville		Length of stay in 1b	c. CITY OR TOWN Holden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Junction 131 - 50		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) East 3rd & VINE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clyde Middle - Last Waite			4. DATE OF DEATH Month Sept Day 30 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 10-12-1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY Wholesale food	11. BIRTHPLACE (City and state or country) Atchison, Kansas	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Dr. William Waite		13b. MOTHER'S MAIDEN NAME Anna Bolton		14. NAME OF HUSBAND OR WIFE Hazel Waite		
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. 487-12-1652	17. INFORMANT Warrensburg, Mo Daughter Mrs. Garnett Ridenhour				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing injuries DUE TO (b) received in Automobile DUE TO (c) accident 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)				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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 9 Month, Day, Year 30/60 p.m.	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.) HIGHWAY	20f. CITY, TOWN, OR LOCATION Holden	COUNTY Johnson STATE Mo	
21. I attended the deceased from at inquest only and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Kelly Powlins M.D. Coroner			22b. ADDRESS Johnson Co - Holden		22c. DATE SIGNED 10/1/60	
23b. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-3-1960	23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	23d. LOCATION (City, town, or county) (State) Holden, Mo.			
24. FUNERAL DIRECTOR Cast Funeral Home, Holden, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 10-3-60	26. REGISTRAR'S SIGNATURE Mrs. G. J. Redford		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 16 1961

VS MAY 25 1961

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. B. Cook*

Licensed Embalmer No. 405

P. O. Address Holden

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