

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Calif b. COUNTY (Unkown)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Twnp 28		Length of stay in lb 3 months		c. CITY OR TOWN Los Angeles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home of Daughter Pearl Shupe			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2300 1/2 S. Grand		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Allen Middle Mead Last _____				4. DATE OF DEATH Month Aug Day 27 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-15-1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 10 Days 12	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Annapolis, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Aron Mead			13b. MOTHER'S MAIDEN NAME Dorcus Jestus		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NA		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Pearl Shupe, Ellington, Mo.				
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 Circulatory Failure DUE TO (b) Arterio-sclerosis and DUE TO (c) Chronic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 3 days 7 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		
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.)				
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 Aug 10, 1960 to Aug 27, 1960 and last saw him alive on Aug 27, 1960 + Death occurred at 8:55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Frank J. Kurvishi D.O.				22b. ADDRESS Van Buren, Missouri		22c. DATE SIGNED 8-30-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-31-60	23c. NAME OF CEMETERY OR CREMATORY Rutter Cemetery		23d. LOCATION (City, town, or county) (State) Annapolis, Mo.				
24. FUNERAL DIRECTOR ADDRESS Pewitt Funeral Home, Ellington, Missouri				25. DATE RECD. BY LOCAL REG. Sept 7 '1960		26. REGISTRAR'S SIGNATURE Edna Tervid		

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 Chas. S. Pruitt

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo.

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.