

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037268

FILED VS OCT 6 1960

Registration District No. 372 Primary Registration District No. 4543 Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEYMOUR		Length of stay in 1b		c. CITY OR TOWN SEYMOUR		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Jim Middle FLEETWOOD Last FLEETWOOD				4. DATE OF DEATH Month 9 - Day 22 - Year 60					
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 2-12-1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) DOUGLAS CO. MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME ADAM FLEETWOOD			13b. MOTHER'S MAIDEN NAME POLLY ANN HARVEY		14. NAME OF HUSBAND OR WIFE VERDIE FLEETWOOD				
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. NONE		17. INFORMANT MRS. VERDIE FLEETWOOD SEYMOUR, MO.			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory failure (Heart Block)							INTERVAL BETWEEN ONSET AND DEATH 24 hr		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Septic Thrombotic Myomalacia							?		
DUE TO (c) Arteriosclerosis							>		
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 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 Month, Day, Year a.m. p.m.									
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 - 1957 to 9-22-60 and last saw ^{her} him live on 9/22/60 Death occurred at Lidaa on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. R. Gill (Degree or title) D.O.				22b. ADDRESS Seymour				22c. DATE SIGNED 9/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-25-60	23c. NAME OF CEMETERY OR CREMATORY Goss Cemetery		23d. LOCATION (City, town, or county) WEBSTER CO. MO.				
24. FUNERAL DIRECTOR Robert Bergman Seymour, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 10-4-60		26. REGISTRAR'S SIGNATURE Gilbert Jones		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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Name of Deceased _____
 Date of Death _____
 Place of Death _____
 Name of Licensed Embalmer _____
 License No. _____
 Date of Embalming _____
 Place of Embalming _____
 Name of Student Embalmer _____
 License No. _____
 Date of Embalming _____
 Place of Embalming _____

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manassas

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.