

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037399

FILED VS REG. DISTRICT NO. 27

Primary Registration District No. 507-7 5096 Registrar's No. 120

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler, Mo.		Length of stay in lb 40 days		c. CITY OR TOWN Archie		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree Rest home			Inside Limits Yes <input checked="" 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 John Middle T Last Weddington				4. DATE OF DEATH Month October Day 10 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 12 1869	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Retired farmer			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Archie, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jacob Weddington			13b. MOTHER'S MAIDEN NAME Elizabeth Elkins			14. NAME OF HUSBAND OR WIFE Anna May Grapes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN			16. SOCIAL SECURITY NO. none		17. INFORMANT Box 56 Mrs. Lillie Webb 29 Palms Calif.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Myocardial Regurgitation DUE TO (c) General Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 years 30 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 10 a.m. Month, Day, Year 1960		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 Jan 1, 1960 to Oct 10, 1960 and last saw him alive on Oct 7, 1960 Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Describe or title) Carter W. Luter MD				22b. ADDRESS Butler Mo			22c. DATE SIGNED 10/13/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct, 15 1960	23c. NAME OF CEMETERY OR CREMATORY Moudy Cemetery		23d. LOCATION (City, town, or county) (State) 10 miles N.W. Archie, Mo.			
24. FUNERAL DIRECTOR Ittner - Dickey			ADDRESS Archie, Mo		25. DATE RECD. BY LOCAL REG. Oct. 13-1960		26. REGISTRAR'S SIGNATURE Kendall Karsay	

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 Robert W. Arkinson

Licensed Embalmer No. 4902

P. O. Address Harrisville, Pa.

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.