

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037751

FILED VS OCT 17 1960 b1

Registration District No. \_\_\_\_\_ Primary Registration District No. 5236 Registrar's No. 31

STATE FILE NUMBER

|  |   |   |  |   |  |  |   |       |
|--|---|---|--|---|--|--|---|-------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bedford</u>  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Selden</u> |  |  |   |       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Box</u>  |   | Length of stay in 1b  |  | c. CITY OR TOWN <u>El Dorado Springs</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home</u>   |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>R-70</u>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |       |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>CHARLEY MARVIN ROOT</u>   |   |   |  | 4. DATE OF DEATH<br>Month Day Year<br><u>Oct. 13 1960</u>   |  |  |   |       |
| 5. SEX<br><u>male</u>  | 6. COLOR OR RACE<br><u>white</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>1-31-1909</u>  | 9. AGE (last birthday)<br><u>51</u>  | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HR<br>Hours Min.  |       |
| 10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired)<br><u>Laborer</u>  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>El Dorado Springs Mo</u>                     |   | 11. BIRTHPLACE (City and state or country)<br><u>USA</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |       |
| 13a. FATHER'S NAME<br><u>Charley H Root</u>  |   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Lula Ryan</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Ethel Root</u>   |  |   |       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |   |   | 16. SOCIAL SECURITY NO.<br><u>510-07-0640</u>  |   | 17. INFORMANT<br>Address<br><u>Ethel Root, El Dorado Springs, Mo.</u>  |  |   |       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of Pancreas</u>   |   |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Uncertain</u>                                  |       |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                             |   |   |  |   |  |  |   |       |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |       |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 <u>August 29, 1960</u> to <u>October 13, 1960</u> and last saw <del>him</del> <sup>her</sup> alive on <u>October 13, 1960</u> |   |   |  | Death occurred at <u>11:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.                     |  |  |   |       |
| 22a. SIGNATURE (Degree or title)<br><u>Wm. C. Sunderworth, D.O.</u>  |   |   |  | 22b. ADDRESS<br><u>El Dorado Springs, Missouri</u>  |  | 22c. DATE SIGNED<br><u>10/15/60</u>  |   |       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>10-16-1960</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>city</u>   |  | 23d. LOCATION (City, town, or county)<br><u>El Dorado Springs</u>   |  | 23e. (State)<br><u>mo</u>  |   |       |
| 24. FUNERAL DIRECTOR<br><u>Mapes Funeral Home, El Dorado spg</u>   |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>10-15-1960</u>                                    |   | 26. REGISTRAR'S SIGNATURE<br><u>Hugh S Allen</u><br><u>deputy</u>  |  |   |       |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 29 1967

OCT 19 1960

**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 Hugh S. Allen

Licensed Embalmer No. 2844

P. O. Address Edenado

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.