

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037882

FILED OCT 26 1960

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

68

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo		Length of stay in 1b 6 Yrs.		c. CITY OR TOWN Buffalo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. Ramsey St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) W. Ramsey St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS WILBURN ETHRIDGE				4. DATE OF DEATH Month Day Year Oct. 18 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 April 25, 1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming			10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Dallas Co. Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME John M. Ethridge			13b. MOTHER'S MAIDEN NAME Mary Parsons			14. NAME OF HUSBAND OR WIFE Ressie Ethridge			
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.		17. INFORMANT Address Ressie Ethridge Buffalo, 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) Branch-Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 10 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Apoplexy							30 days		
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 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 Sept. 1, 1960 to Oct. 18, 1960 and last saw him live on 10-18-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) D. O. Hamman M.D.				22b. ADDRESS Buffalo Mo.			22c. DATE SIGNED 10-20-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct. 20, 1960	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn			23d. LOCATION (City, town, or county) Buffalo, Mo.			23e. (State)	
24. FUNERAL DIRECTOR ADDRESS L. B. Jones Buffalo, Mo.			25. DATE RECD. BY LOCAL REG. 10/24/60		26. REGISTRAR'S SIGNATURE Miss [Signature]				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 *and* , Student Embalmer No. *✓*
working under my personal supervision.

Student *✓*
Signature of Student Embalmer

Signed *R. E. Cheatham*

Licensed Embalmer No. *3813*

P. O. Address *Buffalo*

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.