

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 10 1960

318

1003

10628

-60-040365
STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS			Length of stay in 1b 2 MONTHS	c. CITY OR TOWN FESTUS		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FIRMAN DESLOGE HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS R#3		
3. NAME OF DECEASED (Type or print) First Middle Last JAMES WILLIAM WIDEMAN			4. DATE OF DEATH Month Day Year NOVEMBER 1, 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 8-10-75	9. AGE (last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY CARPENTER	11. BIRTHPLACE (City and state or country) HILLSBORO, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENRY WIDEMAN			13b. MOTHER'S MAIDEN NAME MINERVA TODD		14. NAME OF HUSBAND OR WIFE ANNIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address MRS. THELMA MAUPIN HERCULANEUM, 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) <u>Paritenitis</u> and DUE TO (b) <u>Myocardial coronary thromboses</u> DUE TO (c) <u>(recent) 576x</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>undetermined</u> <u>than 12 hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Polycythemia Vera</u>					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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" 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 <u>3:00 at 1960</u> to <u>death</u> and last saw him alive on <u>1 Nov 1960</u> Death occurred at <u>12:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Thomas Marshall, Jr. D.</u>			22b. ADDRESS <u>Firman Desloge Hospital</u>		22c. DATE SIGNED <u>2 Nov 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <u>11-4-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GAMET.</u>		23d. LOCATION (City, town, or county) <u>FESTUS, MISSOURI</u>		
24. FUNERAL DIRECTOR ADDRESS <u>GENTLY R. POLITTE CRYSTAL CITY, MO.</u>			25. DATE RECD. BY LOCAL REG <u>NOV 3 1960</u>	26. REGISTRAR'S SIGNATURE <u>Coart Smith, M.D.</u>		

Cause of Death - Cause of "U" not known at this time
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

NOV 17 1980

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 Gentry R. Polt

Licensed Embalmer No. 348
P. O. Address Crystal

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.