

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040973

STATE FILE NUMBER

FILED VS. DEC 13 1960 14

Primary Registration District No. 5066 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>BARTON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>BARTON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>R.F.D. #1. ASBURY, MO.</b>		Length of stay in 1b	c. CITY OR TOWN <b>R.F.D. #. I. ASBURY, MO</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NONE</b>			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 type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>ARTHUR</b> Last <b>OERTLE</b>			4. DATE OF DEATH Month <b>DEC.</b> Day <b>3.</b> Year <b>1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB-20-1883</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (City and state or country) <b>NOT OBTAINABLE</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>JOHN OERTLE</b>		13b. MOTHER'S MAIDEN NAME <b>ROSINA MEYERS</b>		14. NAME OF HUSBAND OR WIFE <b>MARTHA OERTLE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>509-10-0685A</b>	17. INFORMANT <b>GERALD OERTLE, R.F.D. #1, ASBURY,</b> 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) <b>Coronary occlusion acute</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>peptic ulcer chronic -</b>				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 _____ 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 <b>Mar 9, 1951</b> to <b>Dec 3, 1960</b> and last saw <sup>her</sup> him alive on <b>June 24, 1960</b> Death occurred at <b>11:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>A. J. Lyons, M.D.</i> (Degree or title)			22b. ADDRESS <b>Pittsburg, Kansas</b>		22c. DATE SIGNED <b>12-5-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>DEC-6-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CROCKER CEMETERY</b>		23d. LOCATION (City, town, or county) <b>CHEROKEE COUNTY</b> (State)		
24. FUNERAL DIRECTOR <b>W. E. Ellsworth, PITTSBURG, KANSAS</b> <i>W. E. Ellsworth</i> (Licensed Embalmer's Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG. <b>Dec 6, 1960</b>	26. REGISTRAR'S SIGNATURE <i>Charlotte McDowell</i>			

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 A. Evans*

Licensed Embalmer No. 1580

P. O. Address PITTSBURG, KANSAS

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.