

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042444

FILED VS NOV 22 1960/57

3028

227

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage			Length of stay in Ib life		c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 2 Jasper	
3. NAME OF DECEASED (Type or print) First Wade Middle Franklin Last Howard						4. DATE OF DEATH Month November Day 15 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-9-60	9. AGE (last birthday) 0	IF UNDER 1 YEAR Months 0 Days 6 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Carthage, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William & Howard				13b. MOTHER'S MAIDEN NAME Carmen Sue Young		14. NAME OF HUSBAND OR WIFE	
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 William Howard Address Rt. 2, Jasper, 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) Septicemia							INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO (b) Expiration of Respiratory Muscles							5 Day
DUE TO (c) Intestinal Obstruction Due to Adhesion of Peritoneum							Conjunctive
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Menstruation							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 11-9-60 to 11-15-60 and last saw ^{her} him alive on 11-15-60 . Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. J. McNeil M.D.				22b. ADDRESS Carthage, Missouri		22c. DATE SIGNED 12-16-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-16-60	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.		23d. LOCATION (City, town, or county) (State) N.W. of Webb City, Mo.		
24. FUNERAL DIRECTOR Johnston-Simpson, Webb City, Mo.				25. DATE RECD. BY LOCAL REG. 11-16-60		26. REGISTRAR'S SIGNATURE My Clutter	

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 Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb City,

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.