

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 5 1960

-60-042576

Registration District No. 163 Primary Registration District No. 5793 Registrar's No. 70

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL PLATTIN		c. CITY OR TOWN HERCULANEUM, MO.	
Length of stay in 1b 6 months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROSE HILL REST HOME		d. STREET ADDRESS (If outside, give location) ROSE HILL REST HOME	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last EDMOND D. TORRENCE			4. DATE OF DEATH Month Day Year 11-25-60		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-2-1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) OLD MINES, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME WM. TORRENCE	13b. MOTHER'S MAIDEN NAME MARY ANN CHRISTOPHER	14. NAME OF HUSBAND OR WIFE ----
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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. 49A-22-8502	17. INFORMANT William Torrence, Herculanum Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (b), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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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 HERCULANEUM, MO.	COUNTY JEFF.	STATE MO.
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21. I attended the deceased from Aug 7, 60 to Nov. 13, 60 and last saw ^{her} him alive on Nov. 12, 60 Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Josephine Borey (Degree ^{of} title)	22b. ADDRESS Herculanum, Mo.	22c. DATE SIGNED 11/27/60 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-28-60	23c. NAME OF CEMETERY OR CREMATORY HERCULANEUM, MO.	23d. LOCATION (City, town, or county) HERCULANEUM, MO.
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24. FUNERAL DIRECTOR GENTRY R. POLITTE	ADDRESS CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG. Nov. 28-1960	26. REGISTRAR'S SIGNATURE Marie Harris
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 5 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dentley R. Tol

Licensed Embalmer No. 348

P. O. Address Crystal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.