

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045807

FILED VS DEC 28 1960

132

Primary Registration District No. 3021

Registrar's No. 213

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON		Length of stay in 1b	c. CITY OR TOWN Spickard Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEAL NURSING HOME		Inside Limits Yes <input checked="" 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 Middle Last JOSEPH FRANKLIN THARP			4. DATE OF DEATH Month Day Year DEC 16 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 9-8-1876	9. AGE (last birthday) 84	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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GRUNDY CO. MO.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME DENNIS THARP		13b. MOTHER'S MAIDEN NAME MARGARET KEITH		14. NAME OF HUSBAND OR WIFE INEZ THARP		
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 INEZ THARP Spickard MO			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pneumonia			2 h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Fracture Right Femur		2 weeks
	DUE TO (c) Osteomyelitis Right Femur		many years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			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 checked="" 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.) Fell off of a seat on bed to floor	
20c. TIME OF INJURY Hour a.m. p.m. 12-4-60	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home - Neals	20f. CITY, TOWN, OR LOCATION Trenton	COUNTY STATE Grundy MO
21. I attended the deceased from 5-12-1953 , to 12-16-60 and last saw him alive on 12-14-60 Death occurred at 7:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) W. B. Johnson M.D.		22b. ADDRESS Trenton MO		22c. DATE SIGNED 12-17-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-18-1960	23c. NAME OF CEMETERY OR CREMATORY NORTHEVANS CEMETERY	23d. LOCATION (City, town, or county) (State) GRUNDY CO. MO.	
24. FUNERAL DIRECTOR ADDRESS SCHOOLER FUNERAL HOME Spickard MO.		25. DATE RECD. BY LOCAL REG. 12-19-60	26. REGISTRAR'S SIGNATURE Frene Jar	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 19 1961

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 Cross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 9

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.