

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046638

FILED VS DEC 29 1960

160

Primary Registration District No. 5542

Registrar's No. 166

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus		Length of stay in 1b		c. CITY OR TOWN Festus		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1012 Ann St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First KEVIN Middle RAY Last PRENTICE				4. DATE OF DEATH Month Dec. Day 17, 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 12-15-60		9. AGE (last birthday) IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours 22 Min. 15			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Festus, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Wayne P. Prentice			13b. MOTHER'S MAIDEN NAME Betty Gillean			14. NAME OF HUSBAND OR WIFE None					
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. None		17. INFORMANT Address Wayne P. Prentice, 1012 Ann St. Festus 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) Atelectasis of lungs DUE TO (b) Enlarged Thyroid gland DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH five birth				
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					
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		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>12/15/60</u> to <u>12/16/60</u> and last saw ^{her} him alive on <u>12/16/60</u> Death occurred at <u>6:50 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) MD						22b. ADDRESS Mercurium Mo			22c. DATE SIGNED 12/16/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 12-17-60		23c. NAME OF CEMETERY OR CREMATORY Jones Ridge			23d. LOCATION (City, town, or county) (State) Delaplaine Ark.			
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc., Festus, Mo.					25. DATE RECD. BY LOCAL REG. 12-17-60		26. REGISTRAR'S SIGNATURE 				

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 *Alfred W. England*

Licensed Embalmer No. 3010

P. O. Address Festus M

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