

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001123

STATE FILE NUMBER

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

347

FILED VS FEB 14 1961

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Clinton

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Wetzel Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Hickory

c. CITY
OR
TOWN

Wenbleau

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Frank

Ewing

DeShazo

4. DATE
OF
DEATH

Month

Day

Year

Feb; 5, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/17/87

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Clair County Mo USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John DeShazo

13b. MOTHER'S MAIDEN NAME

Martha Coffin

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.

513-20-6803

17. INFORMANT

Address

Don DeShazo, Collins Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular accident

INTERVAL BETWEEN ONSET AND DEATH

24 h.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive vascular disease

3 yrs.

DUE TO (c)

Fractured hip. (operated)

2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Small Cerebral sclerosis - Cerebral Vascular disease

PART III. If Deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall @ home

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2-3-61, 2-8-61 1 a.m. and last saw her alive on 2-5-61.

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)

C. R. Wetzel M.D.

22b. ADDRESS

Clinton Missouri

22c. DATE SIGNED

2/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/7/61

23c. NAME OF CEMETERY OR CREMATORY

Brush Creek

23d. LOCATION (City, town, or county)

Collins Missouri

24. FUNERAL DIRECTOR

ADDRESS

Goodrich Funeral Home, Osceola Mo

25. DATE RECD. BY LOCAL REG.

2-10-61

26. REGISTRAR'S SIGNATURE

Mary Briggs (Reg.)

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

J. B. Bradisch

Licensed Embalmer No. 3038

P. O. Address Essex Ave

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.