ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-001976

STATE FILE NUMBER

AMENDED FILED JAN 17 1961

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 7

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrensburg — Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Medical Center Hosp — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: JOHNSON
c. CITY OR TOWN: HOLDEN — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): RFD #3 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: ARCADIA Middle: KITTY Last: MORETTINI

4. DATE OF DEATH: Month: JAN Day: 10 Year: 1961

5. SEX: F
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-17-1880
9. AGE (last birthday): 80
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Whiting, Iowa
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Sam Queen
13b. MOTHER'S MAIDEN NAME: Matilda Purtibe
14. NAME OF HUSBAND OR WIFE: A. J. Morettini

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): Civil
16. SOCIAL SECURITY NO.:
17. INFORMANT: A J Morettini Address:

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)	Cerebral Hemorrhage	6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Diabetes Mellitus	10 yrs
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. ☐ Yes ☐ No ☐ Unknown

19. 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.)

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 Nov 1, 1960 to January 10 1961 and last saw her/him alive on 1-10-1961
Death occurred at 8:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James M Holmberg (Degree or title) D.O.
22b. ADDRESS: Holden Mo
22c. DATE SIGNED: 1-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 13 1961
23c. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
23d. LOCATION (City, town, or county) (State): Holden Mo

24. FUNERAL DIRECTOR: Amadaff & Kopp
ADDRESS: Holden Mo
25. DATE RECD. BY LOCAL REG.: Jan. 13, 1961
26. REGISTRAR'S SIGNATURE: Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Holden, Me

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.