

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016263

STATE FILE NUMBER

AMENDED **FILED MAY 9 1961** Registration District No. **360** Primary Registration District No. **3076** Registrar's No. **82**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in lb	c. CITY OR TOWN Nevada
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada City Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 3,
3. NAME OF DECEASED (Type or print) First Richard Middle Lee Last Wilbanks		4. DATE OF DEATH Month April Day 25 Year 1961	
5. SEX M	6. COLOR OR RACE wh	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-24-1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 0
11. BIRTHPLACE (City and state or country) Nevada, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Dean Wilbanks		13b. MOTHER'S MAIDEN NAME Hazel Ellen Winscott	
14. NAME OF HUSBAND OR WIFE none		17. INFORMANT Mrs. Nellie Winscott, Nevada, Missouri	
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	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Spastic paraplegia (at birth)			INTERVAL BETWEEN ONSET AND DEATH 14 hrs.
DUE TO (b) Incomplete separation of placenta previa marginalis			
DUE TO (c) Acute blood loss of the mother.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mother was in shock.			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 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.)	
20c. TIME OF INJURY Hour 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 April 24, 1961 to Apr. 25, 1961 and last saw ^{him} live on April 24, 1961 Death occurred at Nevada, Mo. 4:12 A.m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or Informant) R B Wray, M.D., F.I.C.S.		22b. ADDRESS Moore Bldg., Nevada, Missouri	22c. DATE SIGNED May 1, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-25-1961	23c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery	23d. LOCATION (City, town, or county) (State) Nevada, Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Missouri		25. DATE RECD. BY LOCAL REG. May 3-1961	26. REGISTRAR'S SIGNATURE Anna G. Ferry

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, ^{not}
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, M

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.