

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033770

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 305 Registrar's No. 309

AMENDED

DATE AMENDED
10/30/61

INSTEAD OF
5/30/1897

SHOULD READ
9/30/1897

ITEM NO.
8

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Fun. Director

FILED OCT 9 1961

1. PLACE OF DEATH
a. COUNTY **Pettis**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Sedalia** Length of stay in 1b **1 day**
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Bothwell Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Pettis**
c. CITY OR TOWN **Sedalia** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **408 W. 6th Street** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **JOHN** Middle **H.** Last **FIELD** 4. DATE OF DEATH Month **October** Day **1** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **September 30, 1897** 9. AGE (last birthday) **64** 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) **Toolmaker** 10b. KIND OF BUSINESS OR INDUSTRY **Auto Industry** 11. BIRTHPLACE (City and state or country) **Eldorado Springs, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Frank Field** 13b. MOTHER'S MAIDEN NAME **Lillie Martin** 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** 17. INFORMANT **Frank Field** Address **Sedalia, 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) **Pneumonia**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Metastatic Epidermoid Carcinoma**
DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH **3 days**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Primary tumor site in Ethmoid Sinuses** 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 **3-20-61** to **10-1-61** and last saw her/him alive on **10-1-61**
Death occurred at **2:05 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **John M. White D.O.** (Degree or title) 22b. ADDRESS **1022 So. Orange, Sedalia, Mo.** 22c. DATE SIGNED **10-2-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Oct. 2, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) **Sedalia Missouri**

24. FUNERAL DIRECTOR **D.W. Heckart** ADDRESS **Gillespie Funeral Home Sedalia, Mo.** 25. DATE RECD. BY LOCAL REG. **10-6-1961** 26. REGISTRAR'S SIGNATURE **Francis Shelby**

OCT 27 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 _____
Signature of Student Embalmer

Signed _____ *W. J. Seebart*

Licensed Embalmer No. 3470

P. O. Address _____

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.