

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041651

STATE FILE NUMBER

Registration District No. 38v- Primary Registration District No. 3099 Registrar's No. 21-

AMENDED

FILED NOV 27 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>LINN</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PARSON CREEK</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>LINN</u>
Length of stay in 1b <u>12 YRS</u>		c. CITY OR TOWN <u>MEADVILLE</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S. OF MEADVILLE</u>		d. STREET ADDRESS (If outside, give location) <u>S. OF MEADVILLE</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	
<u>RICHARD HENRY TEMPLEMAN</u>			<u>11</u>	<u>16</u>	
Year			Year		
			<u>61</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-28-05</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	11. BIRTHPLACE (City and state or country) <u>MEADVILLE, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JOHN TEMPLEMAN</u>		13b. MOTHER'S MAIDEN NAME <u>DORA MARTIN</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCES</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			17. INFORMANT <u>FRANCES TEMPLEMAN, MEADVILLE, Mo</u>		

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)	<u>CORONARY THROMBOSIS</u>	<u>INSTANT</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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.	Month, Day, Year	
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 Jun 1959 to Nov 6, 1961 and last saw him alive on Nov 6, 1961
Death occurred at 1:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Walter Bryan M.D.</u>	(Degree or title)	22b. ADDRESS <u>Wheeling, Mo.</u>	22c. DATE SIGNED <u>11/17/61</u>
--	-------------------	--------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-18-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEADVILLE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>MEADVILLE MISSOURI</u>
--	------------------------------	---	--

24. FUNERAL DIRECTOR <u>WRIGHTS, MEADVILLE, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-18-1961</u>	26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>
--	---------	---	---

DATE FURNISHED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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. R. Wright

Licensed Embalmer No. 4655

P. O. Address Meadville, Pa.

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.