

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039320  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 77

**FILED OCT 17 1962**

VS 300  
Rev. 4/59

10540

28900

3

4 1

5 0

6

7 0

8 2

9 X

10

11054

1291-3

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>W. Fayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salt Springs town #40</u> Length of stay in lb		c. CITY OR TOWN <u>Sweet Springs</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IC. OT in Hospital, give location) <u>2 mi. E. of Concordia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>RED</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Grace</u> Middle <u>Rethford</u> Last <u>Rethford</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>13</u> Year <u>1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 15, 1915</u> 9. AGE (last birthday) <u>47</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school</u>	11. BIRTHPLACE (City and state or country) <u>Sweet Springs, Mo</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Woodrow Major Rethford</u>		13b. MOTHER'S MAIDEN NAME <u>Lorine Eckhoff</u> 14. NAME OF HUSBAND OR WIFE <u>not named</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>Mr &amp; Mrs Woodrow M Rethford</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shall fracture, crushing injury to chest</u> DUE TO (b) <u>Fracture of femur &amp; left ankle</u> DUE TO (c) <u>Motor Car Collision</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Head on motor car crash on no 40 highway</u>	
20c. TIME OF INJURY Hour <u>10:13</u> p.m. Month, Day, Year <u>10-13-62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2 miles east of Concordia, Mo</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Concordia</u> COUNTY <u>Fayette</u> STATE <u>Mo</u>		
21. I attended the deceased from <u>after death</u> to <u>10-13-62</u> and last saw <u>alive</u> on <u>near</u> Death occurred at <u>10-13-62</u> <u>10:13 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W M Martin MD Coron</u>		22b. ADDRESS <u>0 Jesse St</u>	22c. DATE SIGNED <u>10-14-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-16-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	23d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>E. L. Mosley, Sweet Springs, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 15, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1963

**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

*Edgar L Moseley*

Licensed Embalmer No.

*4711*

P. O. Address

*Sweet Springs, Mo*

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.