

INVESTIGATION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001251

FILED VS JAN 11 1960

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, give OWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>4 days</u>		c. CITY OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Wetzel Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>367 E Jefferson</u>	
3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>M</u> Last <u>BENNETT</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>7</u> Year <u>1960</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-3-1893</u>	
9. AGE (last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		9. AGE (last birthday) <u>67</u> MONTHS <u>0</u> DAYS <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Clinton Mo. USA</u>	
13a. FATHER'S NAME <u>WA Marten</u>				13b. MOTHER'S MAIDEN NAME <u>Mollie East</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Joe Bennett Clinton Mo</u>	
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>Pulmonary edema</u> DUE TO (b) <u>Cerebral vascular hemorrhage</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>16 to 24 hr</u> <u>60 to 72 hr</u>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic purulent sinusitis & pneumonia.</u>						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. 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 _____ to _____ and last saw her/him alive on _____. Death occurred at <u>6:50 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Carroll K. Wetzel, M.D.</u> (Degree or title)				22b. ADDRESS <u>Clinton, Missouri</u>			22c. DATE SIGNED <u>1-8-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Jan 9, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		23d. LOCATION (City, town, or county) (State) <u>Windsor Missouri</u>	
24. FUNERAL DIRECTOR <u>Schabeys Funeral Home</u> ADDRESS <u>Clinton</u>				25. DATE RECD. BY LOCAL REG. <u>Jan. 9, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

(Licenses of Burial Home on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F L Schabe

Licensed Embalmer No. 451
P. O. Address Clenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.