

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012044

FILED VS APR 4 1960 274

Registration District No. 274 Primary Registration District No. 305 Registrar's No. 140

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PRETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PRETTIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HUGHESVILLE		c. CITY OR TOWN HUGHESVILLE	
Length of stay in 1b 40 YRS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D #2		d. STREET ADDRESS (If outside, give location) R.F.D #2	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CHARLES Middle S. Last MOTTI			4. DATE OF DEATH Month 3 Day 27 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH UNKNOWN	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and state of country) California Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN		13b. MOTHER'S MAIDEN NAME ELIZABETH BEUTLER ANNA C. ROHRBACH	
14. NAME OF HUSBAND OR WIFE LA MONTE MO		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. UNKNOWN	
17. INFORMANT KENNETH S. POOL		Address LA MONTE MO			

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) Pulmonary Edema		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Severe Congestive Heart Failure 2 months	
DUE TO (c) Arteriosclerotic Heart Disease 15 years		
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 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 Month, Day, Year 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 Death occurred between Noon Sat March 26 and 1:30 Mon 30	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at Viewed Body 2:30 P.M. March 30, 1960 on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Albert J. Campbell, M.D. Deputy Coroner		22b. ADDRESS 312 1/2 So. Ohio Sedalia, Mo		22c. DATE SIGNED 3-30-60
23a. BURIAL, CREMATION REMOVAL (Specify) BORIAL	23b. DATE 4-1-1960	23c. NAME OF CEMETERY OR CREMATORY RHRBACH	23d. LOCATION (City, town, or county) California	(State) MO
24. FUNERAL DIRECTOR Paul M. Moore - La Monte Mo		25. DATE RECD. BY LOCAL REG. 3/31/1960	26. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 8 1962

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Paul M. Morrow

Licensed Embalmer No. 3923

P. O. Address Le Monte N

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