

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018362

State File No. ....

FILED JUN 15 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>CLARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MARCELINE</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>	
c. CITY OR TOWN <u>MARCELINE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP.</u>		STREET ADDRESS (If rural, give location) <u>CLARK TWP.</u>	
3. NAME OF DECEASED a. (First) <u>VERNER</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>SPORTSMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-3-1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARG-1902</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CLARITON CO. MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOSEPH SPORTSMAN</u>	
13b. MOTHER'S MAIDEN NAME <u>ROSABELLE PENROD</u>		14. NAME OF HUSBAND OR WIFE <u>RUBY SPORTSMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) <u>41-196-251 NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Verner Sportsman</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Previous Infarction</u> DUE TO (c) <u>Arteriosclerotic cardiovascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>emphysema, asthma, Peptic ulcer</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>59</u> , to <u>June 3</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>June 3</u> , 19 <u>59</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George J. J...</u> (Degree or title) _____		23b. ADDRESS <u>Marceline Missouri</u>	
23c. DATE SIGNED <u>6-4-59</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>6-5-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET</u>	
24d. LOCATION (City, town, or county) (State) <u>MARCELINE MO.</u>		24e. DATE REC'D BY LOCAL REG. <u>6-5-59</u>	
REGISTRAR'S SIGNATURE <u>Brookie Owens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Midway Station Marceline Mo.</u>	
ADDRESS _____		ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Silburn K. Tillat*

Licensed Embalmer No. *450*

P. O. Address *Marcel*

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.