

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025679

FILED VS. JUL 28 1959 63

Primary Registration District No. 2031 Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo. b. COUNTY JEFF.		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeSoto		Length of stay in 1b 73 yrs	c. CITY OR TOWN DeSoto		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 813 Blw		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 813 Blw		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FERDINAND LEE HAVERSTICK			4. DATE OF DEATH Month Day Year JULY 12 1959		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 18 1885	9. AGE (last birthday) 73	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARMER		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) DeSoto Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN HAVERSTICK		13b. MOTHER'S MAIDEN NAME SARAH GAINES		14. NAME OF HUSBAND OR WIFE DeSoto HAVERSTICK	
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. 49403-8450	17. INFORMANT RALPH HAVERSTICK DeSoto Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Disease DUE TO (b) Chronic Vascular Disease DUE TO (c) - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 1 yr ?
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 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 Oct-29 1957 to 7-11-59 and last saw him alive on 7-11-59 Death occurred at 1 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Chas E Fallis MD			22b. ADDRESS DeSoto Mo		22c. DATE SIGNED 7-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify) SERIAL	23b. DATE JULY 14 1959	23c. NAME OF CEMETERY OR CREMATORY McMULLIN	23d. LOCATION (City, town, or county) (State) DeSoto RT. Mo.		
24. FUNERAL DIRECTOR D. B. DIETRICH DeSoto Mo.		ADDRESS July 13-1959	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Marie Harris	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 11 1959

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 Donnell B. Dietz

Licensed Embalmer No. 4104

P. O. Address DeSoto, 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.