

# VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-041332

FILED VS DEC 3 1959 291

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. \_\_\_\_\_ Registrar's No. 13

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Putnam</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>	Length of stay in lb <u>70 Years</u>	c. CITY OR TOWN <u>Unionville</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>105 S. 22nd. St.</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

<b>3. NAME OF DECEASED</b> (Type or print) First <u>Agnes</u> Middle <u>Alberta</u> Last <u>Probasco</u>			<b>4. DATE OF DEATH</b> Month <u>Nov.</u> Day <u>22</u> Year <u>1959</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>4-15-1868</u>	<b>9. AGE (last birthday)</b> <u>91</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>	IF UNDER 24 HR Hours <u>7</u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>McKeesport, Penn.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>William H. Harrison</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Spittal</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Noah Probasco</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> Address <u>Edgar Probasco Unionville, Mo.</u>		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Serivility</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Broken hip two years previous</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
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY _____ STATE _____
<b>21. I attended the deceased from</b> <u>June 24-75</u> to <u>Nov. 22 1959</u> and last saw her alive on <u>Nov. 21 / 59</u> Death occurred at <u>1:45 P.</u> <u>M</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

<b>22a. SIGNATURE</b> (Degree or title) <u>L. W. McDonald Do</u>		<b>22b. ADDRESS</b> <u>Unionville, Missouri</u>	
		<b>22c. DATE SIGNED</b> <u>11-23-59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>Nov. 24 1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Unionville Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Unionville, Missouri</u>
<b>24. FUNERAL DIRECTOR</b> <u>Comstock Funeral Home</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>Nov. 24-59</u>	
By <u>L. W. McDonald</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Marvell Durbin</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 James W. Pomatoch

Licensed Embalmer No. 4197  
P. O. Address Ypsowille,

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.