

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002919

FILED VS. JAN 21 1960

294

Primary Registration District No. 3056

Registrar's No. 11

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 11 Years	c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 827 McKinley		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 827 McKinley		Reside on Farm - Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PAUZENE Middle KATHLEEN Last DAVID			4. DATE OF DEATH Month JAN. Day 13 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 12, 1931	9. AGE (last birthday) 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bynumville Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Louis Burstert		13b. MOTHER'S MAIDEN NAME Anna Niemeier		14. NAME OF HUSBAND OR WIFE Joseph A. David	
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. 491-32-0623	17. INFORMANT Joseph A. David		Address Moberly
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNDETERMINED; SUSPECT PULMONARY EMBOLUS DUE TO (b) SUSPECT - PHLEBOTHROMBOSIS OF LEG WHICH? DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 MINUTES 1 WEEK
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 Moberly		COUNTY Moberly
20f. CITY, TOWN, OR LOCATION	COUNTY	STATE			
21. I attended the deceased from 9 AM on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 9 AM on the date stated above, and to the best of my knowledge, from the causes stated. SHE HAD NO APPARENT ILLNESS BUT HER CHILD NOT FOR HERSELF BUT HER CHILD her alive on JAN 12, 1960					
22a. SIGNATURE Clarence C. Coburn MD		(Degree or title)	22b. ADDRESS 317 Virginia, Moberly, Mo		22c. DATE SIGNED Jan 15 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 15, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Mary's		23d. LOCATION (City, town, or county) (State) Moberly Mo.	
24. FUNERAL DIRECTOR Mahan Funeral Service		ADDRESS Moberly	25. DATE RECD. BY LOCAL REG. 1-15-60	26. REGISTRAR'S SIGNATURE Clarence C. Coburn	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 9 19

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 John A. Greer

Licensed Embalmer No. 3815

P. O. Address Mabley 9

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.