

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 18 1960

=60-014624  
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 138

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cole</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Length of stay in 1b <u>lifetime</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>609 R W Miller Street</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>609 R W Miller Street</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>BERTHA</u> Middle <u>DELLA</u> Last <u>LANE</u>			<b>4. DATE OF DEATH</b> Month <u>April</u> Day <u>7th</u> Year <u>1960</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Aug 5 1867</u>	<b>9. AGE (last birthday)</b> <u>73</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____	
<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>Home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Cole County, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>John Wear</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mattie Vaughn</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</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>Mrs Mary Bremmerkamp, Jeff City 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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerotic Corbis Vasculor Disease</u> DUE TO (c) _____ 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						INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>Found dead - had been patient of L.B. Klebba, M.D.</u>				
<b>20c. TIME OF INJURY</b> Hour <u>4:00</u> Month, Day, Year <u>4/7/60</u>		<b>20d. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>				<b>20f. CITY, TOWN, OR LOCATION</b> <u>Jefferson City, Mo Cole - Mo.</u>	
<b>20e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <u>Richard A. Corcoran, Coroner Cole County</u>			<b>22b. ADDRESS</b> <u>1436 Green Berry Rd. Jefferson City, Mo</u>		<b>22c. DATE SIGNED</b> <u>4/9/60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Apr 9th '60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt Pleasant Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Boone County, Missouri</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Tanner Service, Jefferson City, Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>12 April 1960</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>R.P. Harris M.D. - M. Richter</u>		

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Donald P. Freeman*

Licensed Embalmer No. *462*

P. O. Address *Strom*

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.