

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041094

FILED VS DEC 5 1960 042

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1218

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Euchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Euchanan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b Life		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1516 Edmond St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ruby Middle L. Last DePaun				4. DATE OF DEATH Month November Day 15 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 4, 1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Alteration lady		10b. KIND OF BUSINESS OR INDUSTRY Alteration lady		11. BIRTHPLACE (City and state or country) Donoplin County Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Silas Richard Cordill			13b. MOTHER'S MAIDEN NAME Katherine Harrington			14. NAME OF HUSBAND OR WIFE Frank DeBaun		
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. 488-14-6413A		17. INFORMANT Mrs. A. C. Bailey (niece)		Address St. Joseph Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular Renal Disease						INTERVAL BETWEEN ONSET AND DEATH Unk.		
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)					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 checked="" 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 11/3/60 to 11/15/60 and last saw her ^{him} alive on 11/14/60 Death occurred at 9:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.				Medical Director				
22a. SIGNATURE (Degree or title) Ruby L. DePaun MD				22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.		22c. DATE SIGNED 11/16/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 18, 1960	23c. NAME OF CEMETERY OR CREMATORY Topeka Cemetery		23d. LOCATION (City, town, or county) (State) Topeka Kansas				
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc.			ADDRESS St. Joseph Missouri	25. DATE RECD. BY LOCAL REG. Nov. 23, 1960	26. REGISTRAR'S SIGNATURE Mr. Clark Goodell			

DOCUMENT

MEDICAL CERTIFICATION
D.W.D. Craig, M.D.

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 *Eric J. [Signature]*

Licensed Embalmer No. 4679

P. O. Address St. [Signature]

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.