

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000695

DEPARTMENT OF HEALTH - JAN 31 1961 - WELFARE

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 24

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole				
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City			Length of stay in 1b		c. CITY OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) 417 East Capitol Avenue				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 417 East Capitol Avenue		
3. NAME OF DECEASED (Type or print) MRS. KATHERINE ELIZABETH MELCHER		First Middle Last		4. DATE OF DEATH January 22, 1961		Month Day Year		
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 11-5-1876		
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months 2 Days 17		IF UNDER 24 HR Hours 17 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (City and state or country) Osage City, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Philip Diedel			13b. MOTHER'S MAIDEN NAME Malinda Simpson			14. NAME OF HUSBAND OR WIFE Albert Melcher		
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. None		17. INFORMANT Mrs. Victor Buescher 417 E. Capitol J.C. 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) Death caused by excessive burns - instant							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)						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 checked="" 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.) Clothing accidentally caught fire on head				
20c. TIME OF INJURY 10 AM		Hour a.m. p.m. 1/22/1961		Month, Day, Year Electric stove.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Jefferson City - Cole - Mo.		COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Degree or title) Arthur Kolt Coronad Cole County				22b. ADDRESS 1436 Green Berry Road		22c. DATE SIGNED 1/24/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 25, 1961		23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri		
24. FUNERAL DIRECTOR'S ADDRESS Victor Buescher J.C. Mo				25. DATE RECD. BY LOCAL REG. 26 January 1961		26. REGISTRAR'S SIGNATURE R.P. Dorris MD - Richter Dep.		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1961 FEB 1 8 57 AM

[Handwritten signature]

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.

NOT

Student _____
Signature of Student Embalmer

Signed *Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address *Jemo*

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.