

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002566

FILED VS JAN 17 1961

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 2

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farley</u>		c. CITY OR TOWN <u>Farley</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>Carolina</u> First <u>Harre</u> Middle Last		4. DATE OF DEATH <u>Jan 3 1961</u> Month Day Year	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/20/1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Hayilton Ill</u>
13a. FATHER'S NAME <u>Henry Koester</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Harol. Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Melvin Harre - Farley Mo</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute & Chronic Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>
DUE TO (b) <u>Nephritis Osteo arthritis deformans</u>			"
DUE TO (c) <u>Generalized Arteriosclerosis</u>			"
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Kidney Stones Acute & Chronic nephritis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <u>12-2-60</u> to <u>Jan 3-1961</u> and last saw her <u>alive on Dec 24-60</u> Death occurred at <u>1:05 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Albert C. Gausz, M.D.</u>		22b. ADDRESS <u>Leavenworth Kans.</u>	22c. DATE SIGNED <u>1-4-61</u>
23a. BURIAL, CREMATION, <u>burial</u>	23b. DATE <u>Jan. 6-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Platte City</u>	23d. LOCATION (City, town, or county) (State) <u>Platte City Mo</u>
24. FUNERAL DIRECTOR <u>Edward H. Francis</u> ADDRESS <u>Parkville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 6. 1961</u>	26. REGISTRAR'S SIGNATURE <u>Clifford R. Coe</u>

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 Leland H. Francis

401 Main St
Licensed Embalmer No. 7451

P. O. Address Parthville, W.

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.