

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-009926

STATE FILE NUMBER

AMENDED

FILED MAR 27 1961 District No. 201 Primary Registration District No. 3048 Registrar's No. 38

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Maryville</u> | | Length of stay in lb <u>7 days</u> | c. CITY OR TOWN <u>Maryville</u> <input checked="" type="checkbox"/> Inside Limits <input type="checkbox"/> No |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | d. STREET ADDRESS (If outside, give location) <u>418 E-1st</u> <input type="checkbox"/> Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Marie Blue</u> | | | 4. DATE OF DEATH Month Day Year <u>3-18-1961</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Cau</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-1-1892</u> |
| 9. AGE (last birthday) <u>68</u> | | 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) <u>Ret. Sec.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Field Service - College</u> | 11. BIRTHPLACE (City and state or country) <u>Maryville, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13. MOTHER'S MAIDEN NAME <u>Nosalie E. Buhler</u> | |
| 13a. FATHER'S NAME <u>Anthony J. Blue</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT Address <u>Henry Buhler - Maryville, Mo.</u> |
| 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>Meningitis - non epidemic</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> DUE TO (b) <u>Renovated brain tumor</u> <u>3 months</u> DUE TO (c) <u>secondary infection operatio Sit</u> <u>2 wks</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1</u> 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"/> | 20b. SUICIDE <input type="checkbox"/> | 20c. 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 Month, Day, Year a.m. p.m. | | | |
| 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>3-11-61</u> to <u>3-18-61</u> and last saw <u>her</u> alive on <u>3-18-61</u> Death occurred at <u>6:30</u> <u>4</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 22b. ADDRESS <u>Maryville Mo</u> | 22c. DATE SIGNED <u>3-18-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-20-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cem - Maryville</u> | 23d. LOCATION (City, town, or county) (State) <u>Mo -</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Atchison Funeral Home Maryville Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-18-61</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</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 George M. Atchison

Licensed Embalmer No. 5114

P. O. Address Maryville,

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.