

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

~~61-012500~~

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 62 STATE FILE NUMBER 61-012500

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		c. CITY OR TOWN <b>Monett</b>	
Length of stay in 1b <b>58 Yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincent Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>710 Frisco Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>FREDA</b> Middle <b>KAASE</b> Last		4. DATE OF DEATH Month <b>April</b> Day <b>13</b> Year <b>1961</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/20/02</b>
9. AGE (last birthday) <b>58</b>		IF UNDER 1 YEAR Months <b>58</b> Days	IF UNDER 24 HR Hours <b>58</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Retired Business Woman (Hardware)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Woman (Hardware)</b>	11. BIRTHPLACE (City and state or country) <b>Monett, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Fred H. Kaase</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha Hemmerling</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Address <b>Mrs. F. H. Kaase Monett, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Not known - occurred suddenly while patient was seemingly improving from diabetic acidotic state.</b> DUE TO (b) _____ DUE TO (c) <b>Diabetic acidosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus Gangrene of toe</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Few days (?)</b>
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.		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 <b>April 12, 1961</b> to <b>April 13, 1961</b> and last saw her alive on <b>April 12, 1961</b>		Death occurred at <b>1:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>[Signature]</b>		22b. ADDRESS <b>315 1/2 Broadway, Monett, Mo.</b>	
22c. DATE SIGNED <b>4-14-61</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>4/15/61</b>		23c. LOCATION (City, town, or county) (State) <b>MONETT, MO.</b>	
23d. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>		24. FUNERAL DIRECTOR ADDRESS <b>J. D. BUCHANAN MONETT, MO.</b>	
25. DATE RECD. BY LOCAL REG. <b>4-14-61</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

**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 J. M. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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.