

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020236

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 160

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY GRASSLE

BY AFFIDAVIT OF

FILED JUN 19 1961

1. PLACE OF DEATH
 a. COUNTY Adair
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Length of stay in 1b 3 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 805 E. McPherson Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Adair
 c. CITY OR TOWN Kirksville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 805 E. McPherson Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First IVA Middle C. Last CLARK
 4. DATE OF DEATH Month June Day 10 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married ~~Single~~ 8. DATE OF BIRTH 8/12/86 9. AGE (last birthday) 75
 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) Homemaker 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Knox Co. Mo. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME John Van Wey 13b. MOTHER'S MAIDEN NAME Nancy Marquess 14. NAME OF HUSBAND OR WIFE William A.

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 W. A. Clark, Kirksville, Mo. 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) Heart failure
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension (3 1/2 years)
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Dec. 1958 to June 10 1961 and last saw her alive on June 10 - 1961
 Death occurred at 1:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. Sue Grassle D.O. 22b. ADDRESS 105 E. Jefferson, Kirkville Mo 22c. DATE SIGNED 6/12/61

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial 23b. DATE 6/12/61 23c. NAME OF CEMETERY OR REPOSITORY Maple Hills 23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.

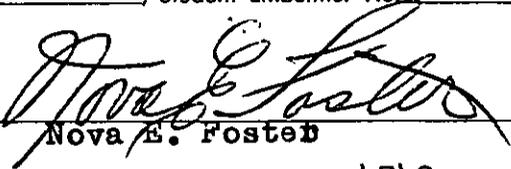
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 6-13-1961 REGISTRAR'S SIGNATURE Doris W. Ratliff

N. SUE
CRASSELL, D.O.

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 
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.