

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030305

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 172

FILED AUG 23 1961

1. **PLACE OF DEATH**
 a. COUNTY Phelps
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla
 Length of stay in Dead on Arrival
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Hosp. Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Crawford
 c. CITY OR TOWN Leasburg Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) No street address Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Middle Last
Barbara Louise Perschbacher

4. **DATE OF DEATH** Month Day Year
Aug. 10 1961

5. **SEX** Female 6. **COLOR OR RACE** White 7. **Married** Never Married Widowed Divorced 8. **DATE OF BIRTH** July 16 1901 9. **AGE** (last birthday) 60 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) Housewife 10b. **KIND OF BUSINESS OR INDUSTRY** Home 11. **BIRTHPLACE** (City and state or country) Americus Mo. 12. **CITIZEN OF WHAT COUNTRY** U.S.A.

13a. **FATHER'S NAME** Henry Benskin 13b. **MOTHER'S MAIDEN NAME** Bernadine Stlemmer 14. **NAME OF HUSBAND OR WIFE** Howard Perschbacher

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.** Nil 17. **INFORMANT** Lorraine Bryan - Cuba, 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
 (b) Acute Myocardial Infarction
 (c) Arteriosclerotic Heart Disease
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) 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) Chronic Congestive Failure. 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 Month, Day, Year
 a.m. p.m.

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 Aug 60 to 10 Aug 61 and last saw her/him alive on 10 Aug 61
 Death occurred at 6:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) Gordon W. Puffer MD 22b. **ADDRESS** Bourbon Mo 22c. **DATE SIGNED** 12 Aug 61

23a. **BURIAL, CREMATION, REMOVAL (Specify)** Burial 23b. **DATE** 8-14-1961 23c. **NAME OF CEMETERY** Sacred Heart 23d. **LOCATION (City, town, or county)** Leasburg Mo (State)

24. **FUNERAL DIRECTOR** Hooney Funeral Home - Cuba, Mo. ADDRESS 25. **DATE RECD. BY LOCAL REG.** Aug. 14, 1961 26. **REGISTRAR'S SIGNATURE** Nadine L. Stoll

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 24 1961

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 Herman R. Hoener

Licensed Embalmer No. 4673

P. O. Address Cuba, 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.