

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-031703
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 275

FILED OCT 2 1961

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ADAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE</u>		c. CITY OR TOWN <u>KIRKSVILLE</u>	
Length of stay in 1b <u>YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>One Comm. Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>215 W NORMAL</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>EFFIE GERTRUDE GAAR</u>			4. DATE OF DEATH Month Day Year <u>Sept 19, 1961</u>
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>10/5/85</u>
9. AGE (last birthday) <u>75</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>Home MAKE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and state or country) <u>ARCOHA, ILL.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>BENJAMIN GREEN</u>	
13b. MOTHER'S MAIDEN NAME <u>MALISA McINTOSH</u>		14. NAME OF HUSBAND OR WIFE <u>Lee GAAR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>Audrey Green, KIRKSVILLE, 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>Cardiovascular Collapse, Sudden</u> DUE TO (b) <u>Coronary Thrombotic Occlusion, Sudden</u> DUE TO (c) <u>Arteriosclerotic Heart Disease unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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>July 17, 1961</u> to <u>Sept. 19-1961</u> and last saw her <u>alive on September 18, 1961</u> Death occurred at <u>12:50 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George H. Scheurer, D.O.</u>		22b. ADDRESS <u>Kirksville, Missouri</u>	
22c. DATE SIGNED <u>9-20-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Sept. 21/61</u>	
23c. NAME OF CEMETERY OR CREMATORIUM <u>HIGHLAND PARK KIRKSVILLE, ADAIR, MO.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Foster Memorial Home KIRKSVILLE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>9-23-61</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Doris W. Rattiff</u>	

MEDICAL CERTIFICATION BY SCHUREUR

GEORGE
H. SCHEUER, D.D.

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 Donald E. Foster

Licensed Embalmer No. 4742

P. O. Address Arkville, 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.