

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032260

STATE FILE NUMBER

AMENDED

Registration District No. 74 Primary Registration District No. 4136 Registrar's No. 43

FILED OCT 13 1961

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Plattsburg</u>		c. CITY OR TOWN <u>Plattsburg</u>	
Length of stay in 1b <u>66 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>R. F. D. 1</u>		d. STREET ADDRESS (If outside, give location) <u>R. F. D. 1</u>	
3. NAME OF DECEASED (Type or print) First <u>Vera</u> Middle <u>Jemle</u> Last <u>Schow</u>		4. DATE OF DEATH Month <u>October</u> Day <u>4</u> Year <u>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>6/12/1895</u>
9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HR. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>na na</u>	
11. BIRTHPLACE (City and state or country) <u>Plattsburg, Missouri U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William H. Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Laura B. West</u>	
14. NAME OF HUSBAND OR WIFE <u>Sam Schow</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>None</u>		17. INFORMANT <u>Harold Abramson, Plattsburg, 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>Acute myocarditis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>2 yrs</u> <u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a) <u>cholecystitis</u>			PART III. If deceased female was there a pregnant 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 <u>4</u> p.m.	Month <u>Oct</u> Day <u>4</u> Year <u>1961</u>		
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 <u>Plattsburg, Missouri</u>	STATE
21. I attended the deceased from <u>1950</u> to <u>Oct 4-61</u> and last saw her alive on <u>Oct 4-61</u> Death occurred at <u>4 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>M.D. Spalding</u>		22b. ADDRESS <u>Plattsburg Mo</u>	22c. DATE SIGNED <u>Oct 5 61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/7/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	23d. LOCATION (city, town, or county) (State) <u>Plattsburg, Missouri</u>
24. FUNERAL DIRECTOR <u>Lyon Funeral Home, Inc., Plattsburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-7-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mary W Searee</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Frederic E. Cox

Licensed Embalmer No. 4993

P. O. Address Stanching, Me

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.