

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-033417

STATE FILE NUMBER

AMENDED

Registration District No. 147 Primary Registration District No. 4256 Registrar's No. 39

FILED OCT 16 1961

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Holden	Length of stay in 1b 1 year	c. CITY OR TOWN Holden	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Holden Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ida Middle Jane Last Single			4. DATE OF DEATH Month October Day 3 Year 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-23-1870	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.	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) Henry County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Tom Lotspeich		13b. MOTHER'S MAIDEN NAME Louisa Strange		14. NAME OF HUSBAND OR WIFE John Single (deceased)		
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 John Single, Garden City, Mo. Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 18 hours
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	
DUE TO (b)	Arterio-sclerosis	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 10-2-61 to 10-3-61 and last saw her ^{her} alive on 10-3-61
Death occurred at 12:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>James M. Heuberg D.O.</i>		22b. ADDRESS Holden, Mo		22c. DATE SIGNED 10-4-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-5-1961	23c. NAME OF CEMETERY OR CREMATORY Grant Cemetery		23d. LOCATION (City, town, or county) (State) Henry County, Mo.	
24. FUNERAL DIRECTOR E B CAST		ADDRESS HOLDEN MO		25. DATE RECD. BY LOCAL REG. 10-4-61	26. REGISTRAR'S SIGNATURE <i>Bernice Rose</i>

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 *EBC*

Licensed Embalmer No. 4059

P. O. Address Holden, MA

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.