

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043877

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 518 Primary Registration District No. 5212 Registrar's No. 23

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY <b>Carter</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Carter</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carter Twp</b>	Length of stay in, 1b <b>25 YRS</b>	c. CITY OR TOWN <b>Van Buren</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Van Buren</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>NORA</b> Middle <b>CHAFFIN</b> Last <b>CHAFFIN</b>			4. DATE OF DEATH Month <b>Dec</b> Day <b>12</b> Year <b>1961</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-10-1885</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>2</b>	IF UNDER 24 HR Hours <b>2</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Carter Co. Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Robert Green</b>		13b. MOTHER'S MAIDEN NAME <b>Victoria Brame</b>		14. NAME OF HUSBAND OR WIFE <b>Arby Chaffin, Dec'd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT <b>George Chaffin, Doniphan, Mo</b> 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
IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>		<b>18 Days</b>	
DUE TO (b) <b>Lobar Pneumonia</b>		<b>2 days</b>	
DUE TO (c) <b>Senility, chronic arteriosclerosis, chronic myocarditis</b>		<b>7 years</b>	
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 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 checked="" 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 **3-30-1951** to **12-12-61** and last saw her alive on **12-2-61**  
Death occurred at **1:05 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Frank J. Pucinski, D.O.</b>		22b. ADDRESS <b>Van Buren, Missouri</b>		22c. DATE SIGNED <b>12-13-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-14-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brame Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Carter Co. Mo.</b>	
24. FUNERAL DIRECTOR <b>MSSpadden Funeral Home Van Buren</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 26, 61</b>	26. REGISTRAR'S SIGNATURE <b>Mrs Octa Henson</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 Allen C. McAnnon

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.