

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007044

STATE FILE NUMBER

AMENDED

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 18

FILED MAR 7 1962

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

3. NAME OF DECEASED (Type or print) First <u>LOUIS</u> Middle <u>C.</u> Last <u>HOMUTH</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>21</u> Year <u>1962</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	17. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-15-1891</u>	9. AGE (last birthday) <u>70</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>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Higginsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>ERNST HOMUTH</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA OFFEL</u>		14. NAME OF HUSBAND OR WIFE <u>SUSIE HOMUTH</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		SOCIAL SECURITY NO.		17. INFORMANT <u>MR. ALFRED KNEHANS HIGGINSVILLE 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) Adenocarcinoma of Head of Pancreas 2 1/2 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)
Metastases to liver, Severe anemia

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 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 12-16-61 to 2-21-62 and last saw ^{him} ~~her~~ alive on 2-20-62
Death occurred at 10:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Walter E. F. Johnson M.D.</u>	22b. ADDRESS <u>Higginsville Mo.</u>	22c. DATE SIGNED <u>2-23-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>FEB-23-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEMETERY</u>	23d. LOCATION (City, town, or county) <u>HIGGINSVILLE MO.</u>
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24. FUNERAL DIRECTOR <u>WIEGERS-RIEKHOFF HIGGINSVILLE MO.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 1st 1962</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Jordan Jordan</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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

Roy F. Wiegman

Licensed Embalmer No. 2883

P. O. Address Higginville, Va

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.