

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007509

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 382 Primary Registration District No. _____ Registrar's No. 14

FILED FEB 20 1962

AMENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Polk</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville</u>		Length of stay in 1b <u>3 day</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dimmitt Mem; Hospital</u>				Inside Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		c. CITY OR TOWN <u>Collins</u> Inside Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. STREET ADDRESS				d. STREET ADDRESS (If outside, give location) <u>Collins Missouri</u>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Bertha</u>		Middle <u>Beulah</u>		Last <u>Hughes</u>		Month <u>February</u> Day <u>9</u> Year <u>1962</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>1/14/86</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Clair County Mo; USA</u>	12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>John W. Burns</u>			13b. MOTHER'S MAIDEN NAME <u>Perlina Draelant</u>		14. NAME OF HUSBAND OR WIFE		
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 Address <u>Cecil Hughes, Collins Missouri</u>			
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) <u>Virus Pneumonia</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Influenza</u>							
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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>2/8/62</u> to <u>2/9/62</u> and last saw her alive on <u>2/9/62</u>				Death occurred at <u>8:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. Roberman</u> (Degree or title) <u>MD</u>			22b. ADDRESS <u>Humansville Missouri</u>			22c. DATE SIGNED <u>2/12/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/12/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		23d. LOCATION (City, town, or county) <u>Collins Missouri</u> (State)		
24. FUNERAL DIRECTOR <u>Goodrich Funeral Home, Osceola Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>Feb 13, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordonper Jewell</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

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 *J. B. General*

Licensed Embalmer No. 3038

P. O. Address Osceola 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.