

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-009754

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 24

FILED MAR 27 1962

VS 300
Rev. 4/59

10030
20440

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1044

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		c. CITY OR TOWN Oregon	
Length of stay in 1b 3 Weeks		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Community Hospital		d. STREET ADDRESS (If outside, give location) 	
3. NAME OF DECEASED (Type or print) First NELLIE Middle MAE Last LENT		4. DATE OF DEATH Month March Day 15 Year 1962	
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 7/25/1887
9. AGE (last birthday) 74		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and state or country) Carlisle, Iowa
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Joseph Albert Keeney	
13b. MOTHER'S MAIDEN NAME Clara Belle Smith		14. NAME OF HUSBAND OR WIFE Charles William Lent	
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. 	
17. INFORMANT Charles W. Lent - Mound City, Mo.		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) Cerebral Anoxia DUE TO (b) Peripheral Circulatory Collapse DUE TO (c) Pulmonary Embolus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 30 min. 30 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Prostate gland - Past H.P. CA, P.M. W.G.			PART III. If deceased was female was there a pregnancy 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 _____ 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 Feb 1, 1962 to Mar. 15, 1962 and last saw her alive on Mar 15, 1962 . Death occurred at A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James Humphrey W.R. (Degree or title)		22b. ADDRESS Mound City, Mo.	
22c. DATE SIGNED 3/17/62		22d. SIGNATURE 	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/19/62	
23c. NAME OF CEMETERY OR CREMATORY New Point		23d. LOCATION (city, town, or county) (State) New Point, Missouri	
24. FUNERAL DIRECTOR James H. Pettigrew ADDRESS Oregon, Missouri.		DATE RECD. BY LOCAL REG. March 20, 1962	
25. REGISTRAR'S SIGNATURE Marvin A. Schaefer		26. REGISTRAR'S SIGNATURE 	

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 James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.