

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009835
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 21

FILED APR 2 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>BENTON Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lindsay Warsaw</u>		Length of stay in 1b <u>2 years</u>	c. CITY OR TOWN <u>WARSAW, MO.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN P. CANFIELD</u>		4. DATE OF DEATH Month Day Year <u>MARCH 25 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-20-1900</u>
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 <u>FARMER</u>	11. BIRTHPLACE (City and state or country) <u>St. Clair, Co. Mo.</u>
13a. FATHER'S NAME <u>THOMAS CANFIELD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY RAYMER</u>	14. NAME OF HUSBAND OR WIFE <u>GOLDIE CANFIELD</u>
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>no</u>	17. INFORMANT Address <u>Goldie Canfield Warsaw Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>TOXIC COMA (TXEMIA)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 HRS.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>ACUTE HEPATIC INSUFFICIENCY</u>			<u>2 MONTHS</u>
DUE TO (c) <u>CHRONIC PORTAL CIRRHOSIS</u>			<u>2 YRS.</u>
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 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>8-15-61</u> to <u>3-25-62</u> and last saw her/him alive on <u>3-25-62</u> Death occurred at <u>5:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Gusschally DO</u>		22b. ADDRESS <u>WARSAW, MO.</u>	22c. DATE SIGNED <u>3-27-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-28-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Climax Springs Cemetery Climax Spring Mo.</u>	23d. LOCATION (City, town, or county) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>John F. Pusey Warsaw Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 27-1962</u>	26. REGISTRAR'S SIGNATURE <u>Gas. A. Logan</u>

APR 24 1962

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 John J. Reser

Licensed Embalmer No. 4098

P. O. Address Wausau

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.