

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010290

STATE FILE NUMBER

Filed for Registration APR 3 1962 Primary Registration District No. 3016 Registrar's No. 133

DO NOT WRITE ON THIS STUB

AMENDED

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

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Length of stay in lb 20 hrs.	c. CITY OR TOWN JEFFERSON CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL COMMUNITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1606 E. MILLER Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BETH Middle NASELHORST Last NASELHORST			4. DATE OF DEATH Month MARCH Day 25 Year 1962
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR. 26 1962
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.		10b. KIND OF BUSINESS OR INDUSTRY JEFFERSON CITY, MISSOURI	9. AGE (last birthday) IF UNDER 1 YEAR: Months 20 Days 17 IF UNDER 24 HR: Hours 20 Minutes 17
11a. FATHER'S NAME AUGUST ANTOINE NASELHORST		11b. MOTHER'S MAIDEN NAME MARILYN MYERS	
13a. FATHER'S NAME		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) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MRS. AUGUST NASELHORST		Address 1606 E. MILLER JEFFERSON CITY, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Transposition of the great vessels			INTERVAL BETWEEN ONSET AND DEATH 1 day
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)			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 checked="" type="checkbox"/> NO <input 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 8:05 a.m. P. Month, Day, Year 3-26-62	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 3-26-62 to 3-26-62 and last saw her alive on 3-26-62 Death occurred at 8:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. H. Palmer, M.D. (Degree or title)		22b. ADDRESS Jefferson City, Mo.	22c. DATE SIGNED 3-27-62
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 3/27/62	23c. NAME OF CEMETERY OR CREMATORY Resurrection	23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
24. FUNERAL DIRECTOR Sybil Marie Reulle ADDRESS J C Mo		25. DATE RECD. BY LOCAL REG. 27 March 1962	26. REGISTRAR'S SIGNATURE R. H. Palmer, M.D.

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 Lybster Dulle

Licensed Embalmer No. 4321
P. O. Address Jeffersonville

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.