

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010619

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. _____ Registrar's No. 57

FILED MAR 21 1962

VS 300
Rev. 4/59

10400
20400

3
4 1
5 2
6
7 0
8 2
9442X
10
11
1290-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Grundy	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln Twp.		Length of stay in 1b life	c. CITY OR TOWN Trenton
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 0 miles NE Trenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. # 1
3. NAME OF DECEASED (Type or print) First MARY Middle ARTHUSIA Last LONGSTRETH			4. DATE OF DEATH Month March Day 8 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 Oct. 20, 1878
9. AGE (last birthday) 83		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 home	11. BIRTHPLACE (City and state or country) Grundy Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Richard F. Keith	
13b. MOTHER'S MAIDEN NAME Charlotte Shifflet		14. NAME OF HUSBAND OR WIFE P.S. Longstreth (deceased)	
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 John Longstreth, Rt. 1, Trenton, Mo/		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardio-Vascular-renal disease 1 year			INTERVAL BETWEEN ONSET AND DEATH
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 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 _____ 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 March 1st 1962 to March 8th 1962 and last saw her alive on March 7th 1962 Death occurred at 2:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Oliver F. Duffey M.D.		22b. ADDRESS Trenton, Mo.	22c. DATE SIGNED 9th 1962
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE March 10, 1962	23c. NAME OF CEMETERY OR INTERMENT PLACE South Evans	23d. LOCATION (City, town, or county) Grundy Co. Mo.
24. FUNERAL DIRECTOR Donald H. Slater		ADDRESS Trenton, Missouri	25. DATE RECD. BY LOCAL REG. 3/8/62
		26. REGISTRAR'S SIGNATURE Jane J. J...	

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 Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, 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.