MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-011764
STATE FILE NUMBER

FILED APR 1 3 1962

Registration District No. 5655 Primary Registration District No. 5655 Registrar's No. 184

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0550
2 0750
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12 93-0
13 5-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MOUNT VERNON MO
Length of stay in 1b: 22 days
c. CITY OR TOWN: THAYER
Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: STATE SANATORIUM MT. VERNON MO
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): BOX 11
Reside on Farm: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: OREGON

3. NAME OF DECEASED (Type or print): First: FLORENCE Middle: EVELYN Last: HORN

4. DATE OF DEATH: Month: APRIL Day: 7 Year: 1962

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 11/30/77

9. AGE (last birthday): 84

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): MISSOURI

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JAMES HENRY BEAMAN

13b. MOTHER'S MAIDEN NAME: MARY ELIZABETH WOVOANE

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):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: VERNON LANGELUTTIG Address: STATE SANATORIUM MT VERNON MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): COR PULMONALE
INTERVAL BETWEEN ONSET AND DEATH: TWO YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): PULMONARY TUBERCULOSIS, FAR ADVANCED
DUE TO (c): RENAL TUBERCULOSIS, UREMIA

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 3/16/62 to 4/7/62 and last saw her/him alive on 4/7/62
Death occurred at 4/7/62 3:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Vernon Langelutting M.D.

22b. ADDRESS: STATE SANATORIUM MT. VERNON, MISSOURI

22c. DATE SIGNED: 4/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 4-7-1962

23c. NAME OF CEMETERY OR CREMATORY: Thayer Cemetery

23d. LOCATION (City, town, or county): Thayer (State): Mo.

24. FUNERAL DIRECTOR: Marl L. Fossett ADDRESS: Mt. Vernon, Mo.

25. DATE RECD. BY LOCAL REG.: 4-7-62

26. REGISTRAR'S SIGNATURE: Roy Grantham / Rw

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed William B. Cantrell

Signature of Student Embalmer

Licensed Embalmer No. 4820

P. O. Address Republic 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.