

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017759

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 380 Primary Registration District No. 3076 Registrar's No. 83

FILED MAY 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

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		c. CITY OR TOWN <b>Nevada</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1312 N. Washington</b>	
3. NAME OF DECEASED (Type or print) First <b>EVA</b> Middle <b>REA</b> Last <b>ARVIN</b>		4. DATE OF DEATH Month <b>April</b> Day <b>8</b> Year <b>1962</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-17-1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Abington, Iowa</b>
13a. FATHER'S NAME <b>Ben Sisson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Campbell</b>	14. NAME OF HUSBAND OR WIFE <b>William F. Arvin</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>No</b>		17. INFORMANT <b>Nevada, Missouri</b> <b>William F. Arvin, 1312 N. Washington</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage - right hemiplegia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>2/20/62 Abdomen was opened - Large unremovable malign. tumor found and abdominal cavity</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4/5/61 Large malignant ovarian tumor removed</b>			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. _____	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.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Nevada</b>	COUNTY <b>Vernon</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>1-13 1961</b> to <b>4-8-62</b> and last saw her/him alive on <b>4-7-62</b> Death occurred at <b>113 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. Love, M.D.</b>		22b. ADDRESS <b>Nevada, Mo.</b>	22c. DATE SIGNED <b>4-25-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 10, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Moore Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>
24. FUNERAL DIRECTOR <b>Ferry Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>4-28-1962</b>	26. REGISTRAR'S SIGNATURE <b>Anna G. Jurg</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Ray G. Ireland

Licensed Embalmer No. 5052W

P. O. Address Newbed, 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.