

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-017960
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5086 Registrar's No. 105

FILED MAY 31 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
Rev. 4/59		
8670	INSTEAD OF	DOCUMENT
20070		
3	BY AFFIDAVIT OF	ITEM NO.
4 0		
5 2	SHOULD READ	BY AFFIDAVIT OF
6		
7 1	SHOULD READ	BY AFFIDAVIT OF
8 0		
9 4300	SHOULD READ	BY AFFIDAVIT OF
10		
11	SHOULD READ	BY AFFIDAVIT OF
12 90-2		
13 1-0	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Amoret		c. CITY OR TOWN Amoret	
Length of stay in 1b 3 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles east		d. STREET ADDRESS (If outside, give location) 3 miles east	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle W. Irl Last Street		4. DATE OF DEATH Month May Day 23 Year 1962	
5. SEX male	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 9/22/1891
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months 7 Days 1	IF UNDER 24 HR Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Custer County Nebraska usa		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME James William Street		13b. MOTHER'S MAIDEN NAME Hattie Jeffords	
14. NAME OF HUSBAND OR WIFE Ada M Renicker Street			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW I		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT James J Street		Address Amoret Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 Min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bacterial Endocarditis		3 yrs	
DUE TO (c) Acute Myocardial Insufficiency		10 Min.	
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 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 11-4-61 to 5-22-62 and last saw him alive on 5-22-62 Death occurred at 11 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. J. Schubert, D.O. (Deputy or title)		22b. ADDRESS Amoret Missouri	22c. DATE SIGNED 5-26-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May 26 1962	23c. NAME OF CEMETERY OR CREMATORY Benjamin Cemetery	23d. LOCATION (City, town, or county) (State) Amoret Bates Missouri
24. FUNERAL DIRECTOR TORNEDEN FUNERAL HOME PLEASANTON KANSAS <i>Earl A. Torneden</i>		25. DATE RECD. BY LOCAL REG. 5-26-62	26. REGISTRAR'S SIGNATURE <i>Norma Jean Wilson</i>

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

7961 1 NOV 58

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,

823 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl A. Forneden

Licensed Embalmer No. 3587

P. O. Address Pleasanton Kansas

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.