

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018096

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 546

STATE FILE NUMBER

VS 300 Rev. 4/59

15117

25117

3

4 1

5 0

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7 0

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9762-0

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11

13-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF H.E. Petersen, M.D. CERTIFICATION

**FILED MAY 21 1962**

1. PLACE OF DEATH  
a. COUNTY Buchanan

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Hospital Length of stay in lb 1 day

c. CITY OR TOWN St. Joseph Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 6223 Sherman Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Jeanie Middle Lin Last Hovey 4. DATE OF DEATH Month May Day 8 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH May 7, 1962 9. AGE (last birthday) — 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) none 10b. KIND OF BUSINESS OR INDUSTRY no 11. BIRTHPLACE (City and state or country) St. Joseph Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Monty Dale Hovey 13b. MOTHER'S MAIDEN NAME Margery Ann Rupp 14. NAME OF HUSBAND OR WIFE none

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. Monty Hovey Address St. Joseph, 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) atelectasis, newborn INTERVAL BETWEEN ONSET AND DEATH birth  
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.  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.) St Joseph Buch. Mo. 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-7-62 to 5-8-62 and last saw her/him alive on 5-8-62. Death occurred at 9:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H.E. Petersen M.D. (Degree or title) 22b. ADDRESS St Joseph 22c. DATE SIGNED 5-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/9/62 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph Mo

24. FUNERAL DIRECTOR Philo Rupp ADDRESS St. Joseph, Mo 25. DATE RECD. BY LOCAL REG. May 17, 1962 26. REGISTRAR'S SIGNATURE Mrs. Clara Goodell

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,

~~by~~ \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed John E. Ruff

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.