

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019923

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

FILED JUN 29 1962
 Primary Registration District No. _____ Registrar's No. 90

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam		
b. CITY (If outside corporate limits, give TOWNSHIP only) Livonia		Length of stay in lb life	c. CITY OR TOWN Livonia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION village			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) village	
3. NAME OF DECEASED (Type or print) First Martha Middle Ellen Last Hinerman			4. DATE OF DEATH Month June Day 8 Year 62		
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-9-76	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 10 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Putnam Co., Mo.	
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME David Anderson		
13b. MOTHER'S MAIDEN NAME Elizabeth Hogkins			14. NAME OF HUSBAND OR WIFE Edna Hinerman-Livonia, Mo.		
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 Edna Hinerman-Livonia, 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) Medullary failure DUE TO (b) Central thrombosis DUE TO (c) Senile changes and arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 2 months
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 checked="" 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 3-5-57 to 6-8-62 and last saw her 6-8-62 alive on 6-8-62 Death occurred at 6:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. R. Stokes, D.D.			22b. ADDRESS Lancaster, Missouri		22c. DATE SIGNED 6-9-62
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 6-10-62	23c. NAME OF CEMETERY OR CREMATORY Hinerman Cem.		23d. LOCATION (City, town, or county) (State) Livonia, Mo.	
24. FUNERAL DIRECTOR ADDRESS F.O. Husted & Son-Unionville, Mo.			25. DATE RECD. BY LOCAL REG. 6-9-62		26. REGISTRAR'S SIGNATURE Marvell Turbin

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 Marl E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville, 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.