MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022632
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 889

FILED JUN 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1	b397
2	1120
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4	1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Length of stay in 1b: 5 WKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DR. MEMORIAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: WEBSTER
c. CITY OR TOWN: MARSHFIELD — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 268 E MADISON — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NETTIE Middle KENSINGER Last
4. DATE OF DEATH: Month JUNE Day 3 Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-1-1865
9. AGE (last birthday): 96 — 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: U.S.A
13a. FATHER'S NAME: JOHN HICKS
13b. MOTHER'S MAIDEN NAME: EMALINE GARRETT
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MYRTLE CLOUSE — Address: MARSHFIELD

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Thrombotic Encephalomalacia.
DUE TO (c): Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH:
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 4-29-62, to 6-3-62 and last saw her/him alive on 6-3-62 4:15 pm
Death occurred at 4:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leland E Witzel DO
22b. ADDRESS: Springfield Mo.
22c. DATE SIGNED: 6/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 6-3-1962
23c. NAME OF CEMETERY OR CREMATORY: MT OLIVE
23d. LOCATION (City, town, or county) (State): WEBSTER Co Mo

24. FUNERAL DIRECTOR — ADDRESS: BARBER-EDWARDS MARSHFIELD
25. DATE RECD. BY LOCAL REG.: 6-11-62
26. REGISTRAR'S SIGNATURE: Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

permit issued 6-3-63

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 R W Bowler

Signature of Student Embalmer

Licensed Embalmer No. 3848

P. O. Address Mtn Grove 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.