

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-022995
2728 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary, Registration District No. 1002 Registrar's No. 2728

FILED JUL 6 1962

VS 300
Rev. 4/59

1
2 6420
X

4 1
5 2

8 2
94200

12 68-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN H. C. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Luth. Hosp		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY HENRY c. CITY OR TOWN URICK d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last ORA T. DUNN		4. DATE OF DEATH Month Day Year MAY 20 1962	
5. SEX FEMALE	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 7/10/1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HENRY Co. Mo.
13a. FATHER'S NAME Wm A. GATES		13b. MOTHER'S MAIDEN NAME VIRGINIA BLACKBURN WIDOW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT W.R. DUNN JR. URICK, 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) Myocardial Failure DUE TO (b) Ventricular Fibrillation DUE TO (c) Arterio-sclerotic Heart Disease 10 yrs		INTERVAL BETWEEN ONSET AND DEATH 107 minutes 10 minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arterio-sclerotic-Cerebral Thrombosis		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 Month, Day, Year		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 19-1962 to May 20-1962 and last saw her alive on May 20. Death occurred at Trinity Hospital on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Don Carlos Peeters MD		22b. ADDRESS 1500 Prof. Bldg -	
22c. DATE SIGNED 5-20-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE May 20, 1962	
23c. NAME OF CEMETERY OR CREMATORY Hopewell Cem.		23d. LOCATION (City, town, or county) Moultrie Mo.	
24. FUNERAL DIRECTOR Vassant Funeral Home		25. DATE RECD. BY LOCAL REG. 5-20-62	
ADDRESS 240		26. REGISTRAR'S SIGNATURE Ruth N Long	

USE BLACK INK OR TYPEWRITER RIBBON

VS JUL 8 1962

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 A. D. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.