MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025861
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 239

FILED AUG 6 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	3017		
2	3017 2		
3			
4	1		
5	1		
6			
7	0		
8	2		
9	1532		
10			
11			
12	90-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b: 19 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1225 N. Elson — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1225 N. Elson — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MAUDE Middle DELL Last SMALL

4. DATE OF DEATH: Month July Day 28 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ ~~Never Married~~ ☐ ~~Widowed~~ ☐ ~~Divorced~~ ☐
8. DATE OF BIRTH: 9-22-82
9. AGE (last birthday): 79 — 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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (City and state or country): Madison, Missouri
12. CITIZEN OF WHAT COUNTRY: U S

13a. FATHER'S NAME: Joseph Heathman
13b. MOTHER'S MAIDEN NAME: Cecelia UNK
14. NAME OF HUSBAND ~~OR WIFE~~: Jason Small

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: N O N E
17. INFORMANT: Jason Small, Address: Kirksville, Mo.

MEDICAL CERTIFICATION — DR VALUCK

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of the Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: 9 months
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-5-61 to 7-28-62 and last saw her alive on 7-27-62
Death occurred at 4:05 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard P. Valuck (Degree or title) MD
22b. ADDRESS: Laughlin Hospital
22c. DATE SIGNED: 7-29-62

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL (Specify)~~: Burial
23b. DATE: 7-30-62
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Highland Park
23d. LOCATION (City, town, or county) (State): Kirksville, Adair, Mo.

24. FUNERAL DIRECTOR: Foster Memorial Home, ADDRESS: Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 7-30-1962
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Permit issued July 30, 1962

RICHARD P. VALUCK, D.O.

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 Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.