

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026099

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 822

FILED JUL 23 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF H.C. Senne, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Woodbury	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN St. Joseph, Missouri		Length of stay in 1b 2 days	c. CITY OR TOWN Sioux City, Iowa
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1713 Lewis Road
3. NAME OF DECEASED (Type or print) RICHARD DEN HARTOG		First Middle Last	4. DATE OF DEATH July 12 1962
5. SEX Male	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 Feb. 26, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Butcher		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.	9. AGE (last birthday) 68
11a. BIRTHPLACE (City and state or country) Hurley, South Dakota		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John DenHartog		13b. MOTHER'S MAIDEN NAME Mary Verrips	14. NAME OF HUSBAND OR WIFE Mildred DenHartog
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. <input type="checkbox"/>	17. INFORMANT Daughter Address Mrs. Oscar VanVick-Sioux City, Iowa
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage Esophageal Veins DUE TO (b) Cirrhosis of Liver - DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH 12 hrs ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Cardiac Failure			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 _____ 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 7-12-62 to 7-12-62 and last saw him alive on 7-12-62 Death occurred at 4:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H.C. Senne M.D.		22b. ADDRESS 123 n 7th St. Joseph, Mo.	22c. DATE SIGNED 7-13-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE July 13, 1962	23c. NAME OF CEMETERY OR CREMATORY Nelson-Berger Fun'l Home	23d. LOCATION (City, town, or county) (State) Sioux City, Iowa
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. July 16, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark 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,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lisa J. O'Connell

Licensed Embalmer No. 4677

P. O. Address 57 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.