MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-026110
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5117
2 5117 2
3
4 1
5 2
6
7 0
8 2
9 7954
10
11
12 90-0
13 1-0

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 867

FILED AUG 6 1962

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: 10 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1706 So. 9th. St. St. Joseph, Mo. (at home) — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1706 South 9th. St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Veronica Middle Magdaline Last Fuchs
4. DATE OF DEATH: Month July Day 15 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/21/1891
9. AGE (last birthday): 70 — 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: own home
11. BIRTHPLACE (City and state or country): Marion County, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Herman Twehus
13b. MOTHER'S MAIDEN NAME: Mary Ann Lubnetto
14. NAME OF HUSBAND OR WIFE: Frederick Fuchs
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.: None
17. INFORMANT: Ben Twehus Address: Beamer, Nebraska

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unattended Death - Apparently
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Natural Causes. Investigated
DUE TO (c) by the City Health Department.
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 2:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Robert W. Kieber, M.D. (Degree or title) City Health Officer — 22b. ADDRESS St. Joseph, Mo — 22c. DATE SIGNED 7-27-62

R.W. Kieber, M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/18/1962
23c. NAME OF CEMETERY OR CREMATORY: Stanberry
23d. LOCATION (City, town, or county) (State): Stanberry, Missouri
24. FUNERAL DIRECTOR: Heaton Bruman — ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: July 30, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Replacement of refused certificate

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address St. 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.