

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027647

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 23

FILED JUL 16 1962

VS 300
Rev. 4/59

10520
27520

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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		c. CITY OR TOWN 2 1/2 mi N. Novelty	
Length of stay in 1b 17 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gibson Hospital		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) VIRGIL O STEIDLEY		4. DATE OF DEATH July 6, 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 14 Mar 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Knox County
13a. FATHER'S NAME John M. Steidley		13b. MOTHER'S MAIDEN NAME Matilda Head	14. NAME OF HUSBAND OR WIFE Phoebe Steidley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		17. INFORMANT Kenneth Steidley Mansfield, Ohio	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis & Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. - DUE TO (b) Purulent Bronchiectasis			
DUE TO (c) Bronchogenic Carcinoma			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Edina, Mo.	COUNTY _____ STATE _____
21. I attended the deceased from June 28, 62 to July 6, 62 and last saw her/him alive on July 6, 62 Death occurred at 7:55a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) D.O.		22b. ADDRESS Edina, Mo.	22c. DATE SIGNED 7/11/62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8 July 1962	23c. NAME OF CEMETERY OR CREMATORY Novelty cemetery	23d. LOCATION (City, town, or county) (State) Novelty, Missouri
24. FUNERAL DIRECTOR HUDSON N-RIMER FUNERAL HOME Edina, Mo		25. DATE RECD. BY LOCAL REG. July 11 - 62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

FEB 27 1963

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 Jerry L. Davis, Student Embalmer No. 666

working under my personal supervision.

Student Jerry L. Davis
Signature of Student Embalmer

Signed Al Rimmer

Licensed Embalmer No. 5041

P. O. Address Edina, 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.

[Handwritten scribble]