

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027813

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 100 Primary Registration District No. \_\_\_\_\_ Registrar's No. 125

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

106-10  
26-10

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

BY AFFIDAVIT OF

1. FILED AUG 8 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Macon</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>Macon</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RFD LaPlata, Mo. TW?</u>		c. CITY OR TOWN <u>LaPlata,</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If outside, give location) <u>4 mi. South LaPlata</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Fannie Jane Novinger</u>		4. DATE OF DEATH Month Day Year <u>7-31-1962</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-23-1884</u>
9. AGE (last birthday) <u>77</u>		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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (City and state or country) <u>Greencastle, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John F. Eitel</u>	
13b. MOTHER'S MAIDEN NAME <u>Eva Weber</u>		14. NAME OF HUSBAND OR WIFE <u>Isaac Milton Novinger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Isaac M. Novinger, LaPlata, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Terminal Pneumonia,</u>			<u>1 wk.</u>
DUE TO (b) <u>Cardio-renal insufficiency</u>			<u>2 years</u>
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.
			<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 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 <u>June 1961</u> to <u>July 31, 1962</u> and last saw her alive on <u>July 31, 1962</u> . Death occurred at <u>3:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Donald E. Eggleston MD</u>		22b. ADDRESS <u>Macon Missouri</u>	22c. DATE SIGNED <u>1 Aug 62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-3-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ringo Point</u>	23d. LOCATION (City, town, or county) (State) <u>Adair County, M.</u>
24. FUNERAL DIRECTOR <u>W. Jackson</u> <u>Pres</u> <u>Riley Funeral Home, Inc.</u> <u>415 North Franklin Kirksville, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>8/3/62</u>	26. REGISTRAR'S SIGNATURE <u>Paul McNeely</u>

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 Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkville 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.