

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030328

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 40

FILED AUG 16 1962

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. COUNTY Christian Co		a. STATE Mo		b. COUNTY Christian			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ozark, Mo		Length of stay in 1b 1 1/2 Years		c. CITY OR TOWN Ozark, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) City		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Sadie I Barnes			4. DATE OF DEATH 8-2-62						
5. SEX Female		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 2/28/78			
9. AGE (last birthday) 84		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) housekeeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Orick, Mo		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME Benjamin A Miller			13b. MOTHER'S MAIDEN NAME Rose Fisher			14. NAME OF HUSBAND OR WIFE Mrs Keith D Pistorius, Mt Prospect			
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.		17. INFORMANT 3205 Main, 111 Mt Prospect				
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)				Cardio-Renal syndrome			year		
DUE TO (b)				Generalized Arteriosclerosis					
DUE TO (c)				Age					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)							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		COUNTY STATE	
21. I attended the deceased from 7-24-62 to Death and last saw him alive on 7-24-62 Death occurred at 8/2/62 9:30 A M (m on) the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Supis F. Wilson</i> (Degree or title)				22b. ADDRESS St. Louis Mo				22c. DATE SIGNED 8-6-62	
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE 8/3/62		23c. NAME OF CEMETERY OR CREMATORY Ozark Cemetery		23d. LOCATION (City, town, or county) Ozark, Mo		(State)	
24. FUNERAL DIRECTOR T. B. Rabbin			ADDRESS Ozark Mo.			25. DATE RECD. BY LOCAL REG. Aug, 8, 1962		26. REGISTRAR'S SIGNATURE <i>Mary Kaufman</i>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Permit obtained, 8-3-62

9m. 97.

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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ogark, Ind

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.