MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-031612
STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 5609 Registrar's No. 41

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED SEP 13 1962

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rosehill Twp
Length of stay in 1b: 10 min
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4 Mi So. Kingsville Mo.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Cass
c. CITY OR TOWN: Garden City,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Garden City, Mo.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Catherine Last: Visentin
4. DATE OF DEATH: Month: Sept. Day: 6 Year: 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/24/62
9. AGE (last birthday): 23
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: own home
11. BIRTHPLACE (City and state or country): Holden, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: E. N. Gudde
13b. MOTHER'S MAIDEN NAME: Mary Nora Hampton
14. NAME OF HUSBAND OR WIFE: Larry L. Visentin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): xxxx
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: E. N. Gudde, Holden, Missouri Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Concussion & multiple
DUE TO (b): fractures received in a
DUE TO (c): car-train accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: Sudden
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 did not attend and last saw her ~~him~~ alive on dead 9-6-62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Kelly Rawlins (Degree or title) M.D. Coroner
22b. ADDRESS: Holden Mo
22c. DATE SIGNED: 9-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Sept 8, 1962
23c. NAME OF CEMETERY OR CREMATORY: Garden City Cem.
23d. LOCATION (City, town, or county) (State): Garden City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Canaday and Ropp, Holden, Mo.
25. DATE RECD. BY LOCAL REG.: 9-7-62
26. REGISTRAR'S SIGNATURE: Bernice Ross

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
1	5510			
2	20190			
3				
4	1			
5	1			
6				
7	0			
8	2			
9	X			
10				
11	510			
12	71-3			
13	4-0			

USE BLACK INK OR TYPEWRITER RIBBON

SEP 28 1962

SEP 18 1962

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 W. L. Conaway

Licensed Embalmer No. 3434

P. O. Address Holden, 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.