

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-034090
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 68 Primary Registration District No. 5268 Registrar's No. 51

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0220

2 0220

3

4 0

5 1

6

7 0

8 0

9 422.1

10

11

12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 10 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Christian</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>South Lynn</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>
Length of stay in 1b <u>41 years</u>	c. CITY OR TOWN <u>Chadwick, RFD</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 miles SW of Chadwick</u>	d. STREET ADDRESS (If outside, give location) <u>7 Miles SW of Chadwick</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <u>George</u> Middle <u>Nathan</u> Last <u>House</u>	4. DATE OF DEATH
5. SEX <u>Male</u>	Month <u>September</u> Day <u>25</u> Year <u>1962</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>9/17/1888</u>	9. AGE (last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy & Stockman</u>
11. BIRTHPLACE (City and state or country) <u>Thomasville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John House</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Polly Ann Willard</u>
14. NAME OF HUSBAND OR WIFE <u>Rosetta Dwyer</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>---</u>	17. INFORMANT <u>Mrs. Rosetta House, RFD, Chadwick, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Acute Myocardial Dilatation</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Myocarditis</u>
	DUE TO (c) <u>Arteriosclerosis</u>
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 <u>---</u> a.m. <u>---</u> 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 <u>1-1-1962</u> to <u>9-25-62</u> and last saw her/him alive on <u>9-21-62</u>	
Death occurred at <u>5:30 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
21a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Sparta, Missouri</u>
22c. DATE SIGNED <u>9-28-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/27/1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Chadwick Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Chadwick, Missouri</u>
24. FUNERAL DIRECTOR <u>Jean Harris,</u> ADDRESS <u>Ozark, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 2, 1962</u>
26. REGISTRAR'S SIGNATURE <u>Mary Kaufman</u>	

OCT 30 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 *John Harris*

Licensed Embalmer No. 4390

P. O. Address Ozark, 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.

Permit obtained Sept. 27, 1962. J.H.K.