

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035384

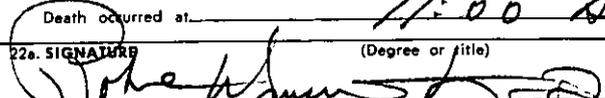
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38V - Primary Registration District No. 2099 Registrar's No. 199

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 10 1962	
1. PLACE OF DEATH	
a. COUNTY Linn	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline	a. STATE Mo. b. COUNTY Linn
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp.	c. CITY OR TOWN Marceline Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
First Herbert	4. DATE OF DEATH
Middle Staples	Month Oct. Day 1 Year 1962
Last Staples	5. SEX M
6. COLOR OR RACE W	6. DATE OF BIRTH 10/3/1881
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	9. AGE (last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Keytesville, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James	13b. MOTHER'S MAIDEN NAME Mary Crawley
14. NAME OF HUSBAND OR WIFE None	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 Mitchell Staples Marceline, Mo
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)	
IMMEDIATE CAUSE (a) Pulmonary Embolism	
DUE TO (b) Thrombophlebitis	
DUE TO (c) Arterio Sclerotic Cardio-Vascular D's	
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. Month, Day, Year p.m.	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 Marceline, Mo
21. I attended the deceased from 1955 to 10-1-62 and last saw her/him alive on 10-1-62 Death occurred at 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE 	22b. ADDRESS Marceline, Mo 10-2-62
22c. DATE SIGNED	23a. BURIAL, CREMATION, REMOVAL (Specify) B
23b. DATE 10/4/1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet
23d. LOCATION (City, town, or county) Marceline, Mo	23e. REGISTRAR'S SIGNATURE Anna Weber
24. FUNERAL DIRECTOR James M. Laughlin	25. DATE RECD. BY LOCAL REG. 10-9-62
26. REGISTRAR'S SIGNATURE Anna Weber	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
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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 Gerald F Wade

Licensed Embalmer No. 4172
P. O. Address Brownie

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.