

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035641

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 247 Primary Registration District No. _____ Registrar's No. 348

FILED OCT 1 1962

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in lb 4 years	c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buena Vista Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 407 North Summitt Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last NANCY ELLEN DIRCK			4. DATE OF DEATH Month Day Year September 25, 1962		
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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 1/12/1872	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Louisville, Kentucky	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Selvey	13b. MOTHER'S MAIDEN NAME Lucinda Brewster	14. NAME OF HUSBAND OR WIFE Jacob S. Dirck, deceased
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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. None	17. INFORMANT Mrs. Forrest Rowe, 409 West 5th, Sedalia, Mo.
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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)	Malnutrition	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Senility	
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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 9-14-60, to 9-25-62 and last saw her/him alive on 9-21-62.
Death occurred at 5:30 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) <i>Karl B. Goussier MD</i>	22b. ADDRESS 101 1/2 S. Ohio Sedalia, Mo.	22c. DATE SIGNED 9-25-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/27/62	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) Sedalia, Missouri
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24. FUNERAL DIRECTOR <i>Wm. E. Egan</i>	ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. Sept 27 1962	26. REGISTRAR'S SIGNATURE <i>Francis Shelby</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
10808
2808
3
4 1
5 2
6
7 1
8 2
286.5
10
11
1286-0
131-0

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 Phane Ewing

Licensed Embalmer No. 3847

P. O. Address Seaside, Md.

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.