

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039088

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 526

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 7005
2 7005
3 2
4 1
5 2
6
7 1
8 0
9204.3F
10
11
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence San & Hospital		d. STREET ADDRESS (If outside, give location) 15104 E 39th	
3. NAME OF DECEASED (Type or print) First Bertha Middle A Last Faeth		4. DATE OF DEATH Month Nov Day 1 Year 1962	
5. SEX F M	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 7/24/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housekeeper		11. BIRTHPLACE (City and state or country) Bible Grove Ills	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Veith		13b. MOTHER'S MAIDEN NAME Louisa Korte	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Erdis Faeth		Address 15104 E 39th, Ind Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myelogenous leukemia			INTERVAL BETWEEN ONSET AND DEATH 3 wks.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Fracture, rt. ankle			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.	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 Oct 13, 1962 to _____ and last saw ^{her} _{him} alive on Oct 25, 1962 Death occurred at 12:00 Noon on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John Richard Green M.D.		22b. ADDRESS 10901 Waring Rd Indpls	
22c. DATE SIGNED 11-2-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/3/1962	23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cem	23d. LOCATION (City, town, or county) Blue Springs Mo
24. FUNERAL DIRECTOR Webb Funeral Home Blue Springs Mo		25. DATE RECD. BY LOCAL REG. 11-3-62	26. REGISTRAR'S SIGNATURE Alba Le Craig

USE BLACK INK OR TYPEWRITER RIBBON

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 William F. [Signature]

Licensed Embalmer No. 4733

P. O. Address Blue Springs 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.

11-862