

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039317
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 771 Primary Registration District No. 4267 Registrar's No. 31

FILED OCT 19 1962

VS 300
Rev. 4/59

1 0540
2 0540
3 2
4 1
5 2
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7 1
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94200
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12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ODESSA</u>		c. CITY OR TOWN <u>ODESSA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>608 W Mason</u>		d. STREET ADDRESS (If outside, give location) <u>109 E Mason</u>	
3. NAME OF DECEASED (Type or print) First <u>Mimi</u> Middle <u>A</u> Last <u>MARTIN</u>		4. DATE OF DEATH Month <u>OCT.</u> Day <u>15</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-29-1867</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Sparta Kentucky</u>
13a. FATHER'S NAME <u>Wm R Wheathy</u>		14. NAME OF MOTHER OR WIFE <u>Deceased</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>no</u>	
17. INFORMANT <u>Mrs. J. Brown</u>		Address <u>Odessa Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Delirium</u>			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 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.)	
20c. TIME OF INJURY Hour a.m. 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>many years</u> to <u>Oct 15 62</u> and last saw her alive on <u>10-15-62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Mimi Martin</u> (Degree or title)		22b. ADDRESS <u>Odessa Mo</u>	
22c. DATE SIGNED <u>10-17-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10-17-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odessa</u>	23d. LOCATION (City, town, or county) (State) <u>Odessa Mo.</u>
24. FUNERAL DIRECTOR <u>F.L. SCHABERG</u> ADDRESS <u>CLINTON Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-17-62</u>	26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>

OCT 23 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 F. L. Schabing

Licensed Embalmer No. 4513

P. O. Address Clinton 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.