

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039396  
STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 2009 Registrar's No. 201

**FILED OCT 17 1962**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Linn</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>                     |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Bucklin</u>   |   | Length of stay in 1b<br><u>Life-time</u>  | c. CITY OR TOWN <u>Bucklin</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>His Own Home</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Benjamin</u> Middle <u>Franklin</u> Last <u>Main</u>  |   |   | 4. DATE OF DEATH<br>Month <u>October</u> Day <u>3</u> Year <u>1962</u>  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>2-6-1873</u>   |
| 9. AGE (last birthday)<br><u>89</u>   |   | IF UNDER 1 YEAR<br>Months <u>7</u> Days <u>27</u>   | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Retired Farmer</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Bucklin, Missouri</u>  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |   | 13a. FATHER'S NAME<br><u>Henry Main</u>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Mary McDaniels.</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Mrs. Mary Susan Main</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT<br><u>Mrs. Lula Burnett, Bucklin, Missouri</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Anaemia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Recurrent Hemanloze</u><br>DUE TO (c) <u>Carcinoma of sigmoid Colon</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 days</u><br><u>?</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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u></u> a.m. <u></u> p.m. <u></u>   | 20. Month, Day, Year <u></u>  |   |   |
| 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 <u></u> STATE <u></u>  |
| 21. I attended the deceased from <u>9-24-62</u> to <u>10-3-62</u> and last saw him alive on <u>10-2-62</u><br>Death occurred at <u>8:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>R.A. Dinkelless D.O.</u>   |   | 22b. ADDRESS<br><u>Bucklin Mo</u>   | 22c. DATE SIGNED<br><u>10-3-62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>10-6-1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Masonic Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Bucklin, Missouri</u>   |
| 24. FUNERAL DIRECTOR<br><u>Larson Funeral Service, Bucklin, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>October 5, 1962</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Anna Watson</u>   |

**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 Larry D. Vobornik, Student Embalmer No. 699  
working under my personal supervision.

Student Larry D. Vobornik  
Signature of Student Embalmer

Signed E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.