

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043353

STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 299

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 26 1962

VS 300
Rev. 4/59

0.581
3.581

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>		Length of stay in 1b <u>2 weeks</u>	c. CITY OR TOWN <u>Marceline</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>520 east Santa Fe St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Robert Black</u>			4. DATE OF DEATH Month Day Year <u>Nov. 19, 1962</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-1-1891</u>
9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Santa Fe Ry. Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroading</u>	11. BIRTHPLACE (City and state or country) <u>Plattsburg, Nebr.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Filmore Black</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Richardson</u>		14. NAME OF HUSBAND OR WIFE <u>Susie Jane Black</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War #1</u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT Address <u>Charles Edgar Black, Neota, Ill.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Incurments (Aspirational?)</u> DUE TO (b) <u>status asthma and emphysema</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis - myocardial infarction (old) - cardiac decompensation</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.) <u> </u>	
20c. TIME OF INJURY Hour <u> </u> 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.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u> COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>1959</u> to <u>Nov. 19, 1962</u> and last saw him alive on <u>11-19-62</u> . Death occurred at <u>10 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James J. Larson</u> (Degree or title)		22b. ADDRESS <u>Marceline Mo.</u>	
22c. DATE SIGNED <u>11-19-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Nov. 23, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Glaston Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Ethel, Missouri</u>		23e. FUNERAL DIRECTOR <u>Larson Funeral Service, Bucklin, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG. <u>November 19, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Carroll Watson</u>			

USE BLACK INK OR TYPEWRITER RIBBON

NOV 29 1962

DEC 4 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 Larry D. Vobornik, Student Embalmer No. 669

working under my personal supervision.

Student Larry D. Vobornik
Signature of Student Embalmer

Signed E. J. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.