

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045765

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 405

FILED JAN 7 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville | | Length of stay in 1b years | c. CITY OR TOWN Kirksville |
| c. FULL NAME OF (If NOT in hospital, give location) Kirksville Kirksville Osteopathic | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 701 W Cottonwood |
| 3. NAME OF DECEASED (Type or print) First ARTIE Middle BELL Last HOGUE | | 4. DATE OF DEATH Month December Day 27 Year 1962 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 15/91 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 9. AGE (last birthday) 71 |
| 11. BIRTHPLACE (City and state or country) Putnam County, Mo. | | 12. CITIZEN OF WHAT COUNTRY U S | |
| 13a. FATHER'S NAME James Morrow | | 13b. MOTHER'S MAIDEN NAME Sarah Robins | 14. NAME OF HUSBAND OR WIFE Willie Hogue |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give was or dates of service) No | | 16. SOCIAL SECURITY NO. N O N E | 17. INFORMANT Address Glenn Morrow, Hartford, 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) Coronary occlusion DUE TO (b) arteriosclerotic heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 10 min year |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obstructive emphysema | | | 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 _____ Month, Day, Year _____ 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 May 1962 to Dec 29, 1962 and last saw her alive on Dec 26, 1962 Death occurred at 4:55 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 21a. SIGNATURE (Degree or title) W. H. Hutensaker D.O. | | 21b. ADDRESS Fairsville Mo. | 21c. DATE SIGNED 12-25-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/30/62 | 23c. NAME OF CEMETERY OR CREMATORY Rosehills | 23d. LOCATION (City, town, or county) (State) Hartford, Putnam, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Foster Memorial Home, Kirksville, Mo. | | 25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE 12-29-1962 Dow W. Ratliff | |

USE BLACK INK OR TYPEWRITER RIBBON

Permit renewed Dec 29, 1962

M. J. CUTENSON, D.O.

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 Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.