

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049349

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 218

FILED DEC 18 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |   |
| a. COUNTY <u>Vernon</u>   |  | e. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Nevada</u>  |  | c. CITY OR TOWN <u>El Dorado Springs</u>  |   |
| Length of stay in 1b  |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| c. FULL NAME OF DECEASED (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>#812 No. Washington Tate Nursing Home</u>  |  | d. STREET ADDRESS (If outside, give location)<br><u>Route 1</u>   |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| 3. NAME OF DECEASED (Type or print)   |  |   | 4. DATE OF DEATH  |
| First <u>Minnie</u> Middle <u>F.</u> Last <u>Zartman</u>  |  |   | Month <u>December</u> Day <u>9</u> Year <u>1962</u>   |
| 5. SEX  | 6. COLOR OR RACE                       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH  |
| <u>Female</u>   | <u>White</u>                           |   | <u>9-27-1877</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>house wife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)  |
|   |  |   | <u>85</u>   |
| 11. BIRTHPLACE (City and state or country)  |  | 12. CITIZEN OF WHAT COUNTRY   |   |
| <u>Vernon Co., Mo.</u>  |  | <u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME  |  | 13b. MOTHER'S MAIDEN NAME   | 14. NAME OF HUSBAND OR WIFE   |
| <u>John Wielms</u>  |  | <u>Barbara Knobly</u>   | <u>deceased</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> <u>none</u>  |  | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT Address<br><u>Mo. Charley Zartman El Dorado Spgs.,</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u>   |  |   | <u>3 hrs</u>  |
| DUE TO (b) <u>Cerebral arteriosclerosis</u>   |  |   | <u>Unknown</u>  |
| DUE TO (c)  |  |   |   |
| 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 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>February 1960</u> to <u>December 9 1962</u> and last saw her alive on <u>December 9, 1962</u><br>Death occurred at <u>Nevada, Mo. 11:50 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE (Degree of title)<br><u>L.P. McCann, M. D.</u>   |  | 22b. ADDRESS<br><u>Moore Bldg., Nevada, Mo.</u>   | 22c. DATE SIGNED<br><u>12/11/62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>  | 23b. DATE<br><u>12-12-62</u>           | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Virgil City Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Vernon Co., MO.</u>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Golnn-Carothers El Dorado Spgs., Mo. Dec 15-1962</u>   |  | 25. DATE RECD. BY LOCAL REG.  | 26. REGISTRAR'S SIGNATURE<br><u>Anna &amp; Jerry</u>  |

DEC 27 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 May W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Spgs., 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.