

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000065

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 4020 Registrar's No. 30

FILED JAN 31 1963

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Martinsburg		c. CITY OR TOWN Martinsburg	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Joseph Middle Casper Last Arens		Month January Day 24 Year 1963	
5. SEX Male	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 Sept. 9, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Making picture frames		10b. KIND OF BUSINESS OR INDUSTRY carpenter	
11. BIRTHPLACE (City and state or country) Martinsburg, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Theodore Arens		13b. MOTHER'S MAIDEN NAME Christine Watta	
14. NAME OF HUSBAND OR WIFE Elizabeth Arens		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 492-36-9674		17. INFORMANT Fred Arens, Wellsville, 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 Arterio-sclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Sudden 3 years	
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. <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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>	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 2-18-61 to 1-24-63 and last saw him alive on 12-29-62		Death occurred at 8:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. H. [Signature] (Degree or title)		22b. ADDRESS Wellsville, Mo	
22c. DATE SIGNED 1-25-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Jan. 26, 1963		23c. NAME OF CEMETERY OR CREMATORY St. Joseph	
23d. LOCATION (City, town, or county) Martinsburg, Mo		23e. DATE RECD. BY LOCAL REG. Jan 26-1963	
24. FUNERAL DIRECTOR Howard F. Myers Address Wellsville, Mo		25. REGISTRAR'S SIGNATURE Blanche Neely	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 6040

2 6040

3

4 0

5 1

6

7 0

8 2

9 200

10

11

12 90-0

13 2-0

USE BLACK INK OR
TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.