

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005752

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 74 Primary Registration District No. 5298 Registrar's No. 13

FILED FEB 18 1963

VS 300	DATE AMENDED
Rev. 4/59	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stewartsville		c. CITY OR TOWN Stewartsville	
Length of stay in 1b 6 Months		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #1 Stewartsville		d. STREET ADDRESS (If outside, give location) Fred Anderson Farm	
3. NAME OF DECEASED (Type or print) First Louise Middle Anderson Last Hains		4. DATE OF DEATH Month February Day 9 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Febr. 22, 1884
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Stewartsville, Missouri, USA
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Weber	
13b. MOTHER'S MAIDEN NAME Mary Huffman		14. NAME OF HUSBAND OR WIFE Frank Hains	
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. [Redacted]	
17. INFORMANT Harry Anderson		Address St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Abcessed kidneys 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 1+ months 1+ yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus - 17 yr.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ 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 2-17-63 to 2-9-63 and last saw her ^{alive} on 2-2-63 Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Luckenbill MD		22b. ADDRESS Plattsburg, Mo.	22c. DATE SIGNED 2-10-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-12-63	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
24. FUNERAL DIRECTOR Meierhoffer-Fleeman, Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. 2-14-1963	26. REGISTRAR'S SIGNATURE Mary W. Seearce

USE BLACK INK OR TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

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 Raymond H. Tracy

Licensed Embalmer No. 5747

P. O. Address St Joseph, 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.