

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008032

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 28

STATE FILE NUMBER

VS 300
Rev. 4/59
6840
2109
3
4 0
5 2
6
7 0
8 0
94200
10
11
1290-2
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED MAR 1 1963		1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Humansville		Length of stay in 1b 2 yrs.		c. CITY OR TOWN Columbia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Big Springs N. Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 401 Hitt St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE (NONE) VENABLE			4. DATE OF DEATH Month Day Year Feb. 23, 1963		
5. SEX Male	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 2-15-70	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10b. KIND OF BUSINESS OR INDUSTRY Band Leader		11. BIRTHPLACE (City and state or country). Columbia, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Benjamin F. Venable		13b. MOTHER'S MAIDEN NAME Mollie Lobbin	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. 06	
17. INFORMANT Mrs. Dorothy Hoff, Stockton, Mo.		18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Senile Arteriosclerosis 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		INTERVAL BETWEEN ONSET AND DEATH months years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20e. TIME OF INJURY Hour a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20i. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1960 to Feb. 23, 63 and last saw him alive on Feb. 9, 63 Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) H R Easton M.D.			
22b. ADDRESS Wheatfield, Mo		22c. DATE SIGNED Feb 23/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-26-1963		23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	
23d. LOCATION (City, town, or county) Columbia, Mo.		24. FUNERAL DIRECTOR Cantlon Fun. Home, Stockton, Mo.		25. DATE RECD. BY LOCAL REG. Feb 24 1963	
26. REGISTRAR'S SIGNATURE Ralph Borden per Jewell Borden					

USE BLACK INK OR TYPEWRITER RIBBON

APR 10 1963

Permit issued Feb. 24, 1963

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 John A. Carleton

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.

J. A.