

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023063

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 228 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Appanoose</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirksville</u> Length of stay in-1b <u>1wk</u>		c. CITY OR TOWN <u>Maramia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Eva L. Furbins</u>			4. DATE OF DEATH Month Day Year <u>June 8 - 1963</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 8 - 92</u>	9. AGE (last birthday) <u>70 yr</u>	10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Maramia Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Leubman Heatt</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Heatt</u>		14. NAME OF HUSBAND OR WIFE <u>George Furbins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>George Furbins Maramia Ia</u> Address			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>OVERWHELMING PERITONITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Days</u>
DUE TO (b) <u>PERFORATION OF ADENOCARCINOMA</u>		
DUE TO (c) <u>OF SIGMOID COLON</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MULTIPLE ABSCESSSES - BRONCHOPNEUMONIA</u>		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 checked="" type="checkbox"/> NO <input 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. 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 No 2-63 to 6-8-63 and last saw her alive on 6-8-63
Death occurred at 8:58 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Paul Laughlin MD

22b. ADDRESS
KIRKSVILLE Mo

22c. DATE SIGNED
6-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
6-11-63

23c. NAME OF CEMETERY OR CREMATORY
Maramia Cem

23d. LOCATION (City, town, or county) (State)
Maramia Iowa

24. FUNERAL DIRECTOR
W. Kenneth Meyer Maramia Ia
ADDRESS

25. DATE RECD. BY LOCAL REG.
June 29 1963

26. REGISTRAR'S SIGNATURE
Doris W. Rattiff

VS 300 Rev. 4/59
 1 0017
 2 8140
 3
 4 1
 5 1
 6
 7 1
 8 1
 9 153.3
 10
 11
 12 3-2
 13 10
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

BLACK INK OR TYPEWRITER RIBBON

2015-001

Permit issued June 8, 1965

EARL LAUGHLIN, JR. DO.

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 W.R. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkville 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.