

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031364

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 5130 Registrar's No. 996

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF S.F. Melaney, M.D. MEDICAL CERTIFICATION

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Winthrop,		Length of stay in 1b 3 months	c. CITY OR TOWN Winthrop
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rush Twsp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) XX
3. NAME OF DECEASED (Type or print) First Nellie Middle Margaret Last Deitrich		4. DATE OF DEATH Month Aug. Day 12, Year 1963	
5. SEX Female	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 July 20, 1915
9. AGE (last birthday) 48		IF UNDER 1 YEAR Months 48 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Elwood Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Cyrus L. Hickman	
13b. MOTHER'S MAIDEN NAME Lelia Barnard		14. NAME OF HUSBAND OR WIFE Elden Deitrich	
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. 000-00-0000	
17. INFORMANT Elden Deitrich, Winthrop Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral (vascular) occlusion			INTERVAL BETWEEN ONSET AND DEATH at once
DUE TO (b) Arteriosclerosis			in years
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. <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.) Had been sitting on toilet seat	
20c. TIME OF INJURY Hour 1:30 p.m.	Month, Day, Year at motel cabin at City Service Station, at atchison bridge		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home (cabin)	20f. CITY, TOWN, OR LOCATION Buchanan MO	
21. I attended the deceased from brewed bakery and last saw her alive on Aug 12-63 Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S.F. Melaney M.D. Coronor		22b. ADDRESS 620 Francis St St Joseph 8, MO	22c. DATE SIGNED Aug 15-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/13/63	23c. NAME OF CEMETERY OR CREMATOR Emporia Kansas	23d. LOCATION (City, town, or county) Emporia Kansas
24. FUNERAL DIRECTOR Frank Stupp	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. Aug 21, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

