

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0006103

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

41-1-1

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED FEB 17 1964

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		c. CITY OR TOWN <u>Clinton</u>	
Length of stay in lb <u>1955</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>805 E Green</u>		d. STREET ADDRESS (If outside, give location) <u>805 E Green</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>JANIE</u> Middle <u>M</u> Last <u>O'NAN</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>9</u> Year <u>1964</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>4-8-1894</u>
9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>	
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>Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Edward Barnett</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Melinda Roberts</u>	
14. NAME OF HUSBAND OR WIFE <u>W.R. O'Nan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>518-05-0185</u>	
17. INFORMANT <u>W.R. O'Nan</u>		Address <u>Clinton Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Coronary Occlusion</u> DUE TO (c) <u>Interval between onset and death</u> <u>Minutes</u>			
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 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 <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	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 <u>Clinton Mo.</u>	
20g. COUNTY <u>Clinton</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>1-12-59</u> to <u>2-9-64</u> and last saw her/him alive on <u>2-9-64</u> Death occurred at <u>7:45p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clinton L. Glasgow, D.O.</u>		22b. ADDRESS <u>Clinton Mo.</u>	
22c. DATE SIGNED <u>2/10/64</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-10-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rockhouse Place</u>	23d. LOCATION (City, town, or county) <u>Florence Mo.</u>
24. FUNERAL DIRECTOR <u>Warnick & Eads</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 10, 1964</u>	
26. REGISTRAR'S SIGNATURE <u>K.S. Hans.</u>		27. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

2010503
7777

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

F. L. Schoburg

Licensed Embalmer No. 4513

P. O. Address

Clinton 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.

Permit Obtained 2-10-64