

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

## 66 0001418

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 19

**FILED JAN 24 1966**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |                                |  |   |
|--|--------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>  |                                | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <b>Missouri</b> , b. COUNTY <b>Pettis</b>                          |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Windsor</b>  |                                | Length of stay in 1b<br><b>2 weeks</b>   | c. CITY OR TOWN <b>Sedalia</b>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>  |                                | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <b>1002 Hearld Street</b>   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>LENA</b> Middle <b>(none)</b> Last <b>HASSEN</b>   |                                | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>17</b> Year <b>1966</b>  |   |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH <b>10/23/79</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b>  |                                | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>   | 9. AGE (last birthday) <b>86</b>  |
| 13a. FATHER'S NAME<br><b>Leonard Oertle</b>  |                                | 13b. MOTHER'S MAIDEN NAME<br><b>Not known</b>  | 11. BIRTHPLACE (City and state or country) <b>Austin, Texas</b>           |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                | 16. SOCIAL SECURITY NO.<br><b>None</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                 |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute cardiac-vascular collapse</b><br>DUE TO (b) <b>Pericardial effusion-pneumonia</b><br>lying cause (c) <b>Arteriosclerotic heart disease and failure</b> |                                | 14. NAME OF HUSBAND OR WIFE<br><b>William Hassen, Deceased</b>   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.  |                                | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 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<br><b>Windsor, Mo.</b>                       |
| 21. I attended the deceased from <b>Jan 1 - 5, 1966</b> and last saw her/him alive on <b>Jan 17 - '66</b><br>Death occurred at <b>7:45 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |                                | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 22a. SIGNATURE<br><b>Claude M. Thurber, M.D.</b>   |                                | 22b. ADDRESS<br><b>Windsor, Mo.</b>  | 22c. DATE SIGNED<br><b>1-19-66</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Jan 20, 66</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Englewood</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Clinton, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Consalus</b>  |                                | 25. DATE RECD. BY LOCAL REG.<br><b>1-20-66</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Mildred Biguno</b>                        |

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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 Ernest R. Conacher

Licensed Embalmer No. 4680

P. O. Address Clinton, Ma

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.