

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0023690
180
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 5 1966

VS 300
Rev. 4/59

1 0425
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4 1
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9540.0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton, Mo.		Length of stay in 1b	c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 820 East Lincoln Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rosa Middle Lena Last Martin		4. DATE OF DEATH Month 6 Day 26 Year 1966	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-28-1881 9. AGE (last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (City and state or country) Henry, Co
13a. FATHER'S NAME August Hoppe		13b. MOTHER'S MAIDEN NAME Christine Wieland	14. NAME OF HUSBAND OR WIFE Walter Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. No	17. INFORMANT Frank Martin 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) Myocardial Insufficiency DUE TO (b) Exsanguination DUE TO (c) Bleeding Peptic Ulcer			INTERVAL BETWEEN ONSET AND DEATH 2 hours 3 hours 4 days
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 _____ a.m. _____ p.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 <u>January 1966</u> to <u>6-26-66</u> and last saw her/him alive on <u>6-26-66</u> Death occurred at <u>2:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clinton L. Glosy D.O.		22b. ADDRESS Clinton Mo.	22c. DATE SIGNED 6/27/66 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-28-66	23c. NAME OF CEMETERY OR CREMATORY Englewood	23d. LOCATION (City, town, or county) Clinton, Mo.
24. FUNERAL DIRECTOR Consuelo Clinton Mo		25. DATE RECD. BY LOCAL REG. June 27, 66	26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

JUL 20 1966

JUL 28 1966

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 J.E. Lousalus

Licensed Embalmer No. 1891

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 6-29-66
MBS