

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016417

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 39

FILED APR 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 1890
2 0170
3 2
4 1
5 1
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7 0
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9 331X
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12 1-0
13 2-0

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

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond T W S P.		Length of stay in 1b 1. day	c. CITY OR TOWN Norborne,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 506 n South Elm
3. NAME OF DECEASED (Type or print) First Georgia Middle Ruth Last Koontz		4. DATE OF DEATH Month April Day 15 Year 1962	
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 9-10-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 67
11a. FATHER'S NAME Elijah D. Stewart		11b. MOTHER'S MAIDEN NAME Eliza Ann Jacobs	12. CITIZEN OF WHAT COUNTRY Richmond, Mo.
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Edward koontz	
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. 486-10-2014	17. INFORMANT Ed. Koontz Norborne, Mo.
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 Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension			10 years
DUE TO (c) Atherosclerosis			104 years
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 7-10-54 to 4-13-62 and last saw her ^{him} live on 4-13-62 Death occurred at 12:30 ^{p.} on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree title) RALPH F. HASKELL M.D.		22b. ADDRESS 212 South Pine St. Norborne, Mo.	22c. DATE SIGNED 4-16-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-15-1962	23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery	23d. LOCATION (City, town, or county) (State) Norborne, Missouri
24. FUNERAL DIRECTOR Gibson Funeral Home Norborne, Mo.		25. DATE RECD. BY LOCAL REG. 4-17-1962	26. REGISTRAR'S SIGNATURE Maluel Jackson

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 Ben W. Gibson

Licensed Embalmer No. 2966

P. O. Address Carrollton, Va.

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.