

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9622

State File No.

FILED APR 12 1956

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 21

254

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Higginsville		c. CITY OR TOWN Higginsville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 105 West 20th	
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Doblie c. (Last) Detert			4. DATE OF DEATH (Month) (Day) (Year) 4 1 56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-21-1881
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 10 Days 10	IF UNDER 24 HRS. Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Pettis County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Boblie	
13b. MOTHER'S MAIDEN NAME Margreta Buck		14. NAME OF HUSBAND OR WIFE Aug. F. Detert Higginsvi	
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.	
17. INFORMANT'S SIGNATURE OR NAME Vernon Detert		ADDRESS Higginsville Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous myocardial infarction Hypothyroidism Chronic congestive Heart failure	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 days 5 week years. 7 mo. several yrs. 2 mo.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-5 ¹⁹⁵⁶ to 4-1 ¹⁹⁵⁶ , that I last saw the deceased alive on 3-31 , 1956, and that death occurred at 9:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE William E. Fulberson		23b. ADDRESS (Degree or title) M.D. Higginsville Mo.	
23c. DATE SIGNED 4-3-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-3-56		24c. NAME OF CEMETERY OR CREMATORY Bethel E & R	
24d. LOCATION (City, town, or county) (State) Concordia, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Forrest H. Hoyle Higginsville	
DATE REC'D BY LOCAL REG. April 5, 1956		REGISTRAR'S SIGNATURE Clayton H. Landrum	
(Licensed Embalmer's Statement on Reverse Side)			

154

7700

1957 & 9me7

1957 JUL 31 7me7

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 *James D. Hooper*

Licensed Embalmer No. 4358

P. O. Address *St. Ignace*

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.