

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012187

STATE FILE NUMBER

MAY 12 1959

Registration District No. 4

Primary Registration District No.

Registrar's No. 44

5. 300
1-57

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1. PLACE OF DEATH a. COUNTY Atchison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Tarkio		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp.		Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) 2 Mi. East		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CAPTOLA Middle ***** Last COMBS			4. DATE OF DEATH Month April Day 29 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 31, 1868	9. AGE (In years last birthday) 90	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Erie Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Albert Vancleve		13b. MOTHER'S MAIDEN NAME Mary Stebins		14. NAME OF HUSBAND OR WIFE Deceased	
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. None	17. INFORMANT Address Albert J. Combs Fairfax Mo.		
18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident					INTERVAL BETWEEN ONSET AND DEATH 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerotic cardiovascular disease					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 9/25/57 to 4/29/59 and last saw her alive on 4/29/59 Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. H. Mellemeyer, M.D.			22b. ADDRESS Tarkio Mo.		22c. DATE SIGNED 5/1/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/1/59	23c. NAME OF CEMETERY OR CREMATORY English Grove Cem.		23d. LOCATION (City, town, or county) (State) Fairfax Missouri
24. FUNERAL DIRECTOR Schooler Funeral Home Fairfax Mo.			25. DATE RECD. BY LOCAL REG. May 6, 1959		26. REGISTRAR'S SIGNATURE Mervin N. Schuler

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Marvin H. Scholer*

Licensed Embalmer No. *4162*
P. O. Address *Fairfax, 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.