

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037029

FILED VS. NOV. 2 1959 31

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 242

1. PLACE OF DEATH a. COUNTY Nodoway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodoway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Skidmore		c. CITY OR TOWN Skidmore	
Length of stay in 1b 40 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MINERVA VIRGINIA LEE STAMPER			4. DATE OF DEATH Month Day Year October 22 1959		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/4/1867	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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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) Jonesville, Virginia	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Unknown Davis	13b. MOTHER'S MAIDEN NAME Unknown Miller	14. NAME OF HUSBAND OR WIFE Deceased
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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 3129th Euclid Mrs. Howard Jones Berwyn, Illinois
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion		1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	1 hr
	DUE TO (c)	

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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.
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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
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21. I attended the deceased from July 1, 1952 to 10-22-59 and last saw her/him alive on 12-2-89
Death occurred at 66 B. St. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. F. Swesley (Degree or title) m. d.	22b. ADDRESS Oregon, Missouri	22c. DATE SIGNED 10/24/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/24/1959	23c. NAME OF CEMETERY Elmwood	23d. LOCATION (City, town, or county) (State) Rock Port Mo.
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24. FUNERAL DIRECTOR Schooler Funeral Home Fairfax Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 10-26-89	26. REGISTRAR'S SIGNATURE Bess Balt
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 N. Schoeller

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.