

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-035828**

STATE FILE NUMBER

AMENDED :

Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 27

**FILED OCT 31 1961**

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN <u>"Cole Township"</u>	Length of stay in 1b <u>1 year</u>	c. CITY OR TOWN <u>Rural Warsaw</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>—</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>(Cole Township)</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>EARL</u> Last <u>VISSER</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>21</u> Year <u>1961</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 15, 1877</u>	9. AGE (last birthday) <u>64</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>William M. Visser</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Visser</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Visser</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT Address <u>Pearl Visser Peculiar, Mo</u>	

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)	<u>Asphyxiation</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Carbon monoxide poison</u>	
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>In Chev pickup truck in garage</u>
20c. TIME OF INJURY Hour <u>1:00</u> a.m. <u>—</u> Month, Day, Year <u>Oct 21, 1961</u>	<u>all closed up &amp; motor running</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm House</u>	20f. CITY, TOWN, OR LOCATION <u>Rural Warsaw</u> COUNTY <u>Benton Co.</u> STATE <u>Mo</u>
21. I attended the deceased from <u>never</u> to <u>never</u> and last saw him alive on <u>never</u> . Death occurred at <u>1:00</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>John F Reser (Benton Co Coroner)</u>		22b. ADDRESS <u>Warsaw, Mo</u>	22c. DATE SIGNED <u>Oct 21, 1961</u>
23a. BURIAL CREMATION, RITUAL (Specify) <u>Removal</u>	23b. DATE <u>Oct 22, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floris Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ottumwa Iowa</u>
24. FUNERAL DIRECTOR ADDRESS <u>John F Reser Warsaw</u>		25. DATE RECD. BY LOCAL REG. <u>10-23-1961</u>	26. REGISTRAR'S SIGNATURE <u>E To Ewickhoff</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

OCT 23 1961

JAN 23 1962

MAR 16 1962

**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

*John F. Reser*

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.