

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043897

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 3

FILED JAN 10 1962

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Peculiar Twp</u>		Length of stay in lb <u>1 1/2 years</u>	c. CITY OR TOWN <u>Rural Camp Brand Twp</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7 mi NE of Harrisonville</u>
3. NAME OF DECEASED (Type or print) First <u>LEWIS</u> Middle <u>PITTS</u> Last <u>STINE</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>31</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>Jan 31 1877</u>
9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harmon Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>Cass Co Mo U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY _____		13. FATHER'S NAME <u>Enoch Newton Stine</u>	
14. MOTHER'S MAIDEN NAME <u>Rhoda Melinda Ellis</u>		15. NAME OF HUSBAND OR WIFE <u>Murtie M Stine</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. SOCIAL SECURITY NO. _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		19. INFORMANT Address <u>Lois E. Hershberger, Harrisonville, Mo.</u>	
IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac Insufficiency</u>		<u>5 yrs</u>	
DUE TO (c) <u>Arteriosclerosis</u>		<u>6 yrs</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 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 checked="" 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 <u>11 30 57</u> to <u>Dec 31, 1961</u> and last saw <u>him</u> alive on <u>Dec 31, 1961</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. E. Enoch</u> (Degree or title) _____		22b. ADDRESS <u>Harrisonville Mo</u>	
22c. DATE SIGNED <u>1/2/62</u>		23. NAME OF CEMETERY OR CREMATORY <u>Friend Cemetery Harrisonville Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>Jan 3 - 1962</u>	
23c. LOCATION (City, town, or county) (State) _____		24. FUNERAL DIRECTOR ADDRESS <u>Wannenburger's Harrisonville Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>JAN 4, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Ray Sebes</u>	

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 Frank E. Runnenburg

Licensed Embalmer No. 5093

P. O. Address Harrison

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.