

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1962

62-005232

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 13 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Nevada</i>		Length of stay in 1b <i>19 days</i>	c. CITY OR TOWN <i>Salina</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Nevada Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Ada</i> Middle <i>Angeline</i> Last <i>Dowell</i>			4. DATE OF DEATH Month <i>January</i> Day <i>12</i> Year <i>1962</i>		
---	--	--	---	--	--

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2/8/1884</i>	9. AGE (last birthday) <i>77</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i>
----------------------	-------------------------------	---	----------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and state or country) <i>Hale Kansas</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
---	---	--	---

13a. FATHER'S NAME <i>John Hinds</i>	13b. MOTHER'S MAIDEN NAME <i>Margetta Mc Henry</i>	14. NAME OF HUSBAND OR WIFE <i>Ai A Dowell</i>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Mrs. Homer Layman Salina, Kansas</i>
---	--	--

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) <i>Coronary Occlusion</i>		<i>10 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Atherosclerotic heart disease</i>	<i>?</i>
	DUE TO (c) <i>Generalized Arteriosclerosis</i>	<i>?</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus</i>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <i>5:20</i> Month, Day, Year <i>1/12/62</i> a.m. p.m.
--

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
--	--	---

21. I attended the deceased from *01/12/62* to *1/12/62* and last saw her alive on *1/12/62*.  
Death occurred at *5:20 a.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <i>Raymond Kassebaum</i>	22b. ADDRESS <i>Nevada, Mo</i>	22c. DATE SIGNED <i>1/12/62</i>
--	-----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1/15/62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Roselawn Memorial Park</i>	23d. LOCATION (City, town, or county) (State) <i>Salina, Kansas</i>
---	-----------------------------	---	--

24. FUNERAL DIRECTOR ADDRESS <i>Fichinger-Milster Funeral Home Missouri Nevada,</i>	25. DATE RECD. BY LOCAL REG. <i>Jan 22-1962</i>	26. REGISTRAR'S SIGNATURE <i>Anna E. Perry</i>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 SHOULD READ  
 ITEM NO.

**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 Darcy F. Mikster

Licensed Embalmer No. 4805

P. O. Address Nevada, Nev.

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.