

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009921

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 289

FILED MAR 19 1962

VS 300
Rev. 4/59

1 5117
2 5110

3
4 0
5 2
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7 1
8 2
9 4200
10
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12 92-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

CAROL A. POTTER, M.D. REG. CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 1 day	c. CITY OR TOWN San Antonio
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Missouri Meth. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) San Antonio
3. NAME OF DECEASED (Type or print) First ISAAC Middle FRANKLIN Last BLOSSER		4. DATE OF DEATH Month March Day 7 Year 1962	
5. SEX male	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 9/12/1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Attendant		10b. KIND OF BUSINESS OR INDUSTRY Service Station	11. BIRTHPLACE (City and state or country) Virginia
13a. FATHER'S NAME Isaac Newton Blosser		13b. MOTHER'S MAIDEN NAME Mary Varner	14. NAME OF HUSBAND OR WIFE Tirzah A.
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. [REDACTED]	17. INFORMANT Address Mrs. Kathleen Pennington, San Antonio, Mo.
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation DUE TO (b) Arteriosclerosis Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Minutes years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old myocardial infarction; auricular fibrillation			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 type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION DOA	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 1/22/57 to 3/7/62 and last saw her/him alive on DOA Death occurred at 10:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In ink or type) Carol A. Potter		22b. ADDRESS P.M.D. Phys & Surg Bldg	
22c. DATE SIGNED 3-12-62			
23a. BURIAL, CREMATION, or other disposal (Specify) Burial		23b. DATE 3/12/1962	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) St. Joseph		23e. STATE Missouri	
24. FUNERAL DIRECTOR Norton-Bauman		25. DATE RECD. BY LOCAL REG. Mar. 13, 1962	
24. ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Mrs. Clark Godell	

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USE BLACK INK OR TYPEWRITER RIBBON

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 *William Spalding*

Licensed Embalmer No. 4535

P. O. Address *St Joseph, Mo*

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.