

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010689

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 142 Primary Registration District No. 4731 Registrar's No. 13

FILED APR 2 1962

VS 300
Rev. 4/59

1 0460

2 0460a

3

4 1

5 1

6

7 0

8 2

9490X

10

11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Goldstein Minibus</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Mtn. View</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | 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 checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Phronia</u> Middle <u>Mae</u> Last <u>DeBoard</u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>21</u> Year <u>1962</u> |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</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>9/12/37</u> |
| 9. AGE (last birthday) <u>74</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>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>White Church, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13. NAME OF HUSBAND OR WIFE <u>Louis E. DeBoard</u> | |
| 13a. FATHER'S NAME <u>C.C. Thomas</u> | | 13b. MOTHER'S MAIDEN NAME <u>Isabelle White</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>None</u> | |
| 17. INFORMANT <u>Louis E. DeBoard</u> | | Address <u>Mtn. View, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMONIA - LOBAR - BILATERAL</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 Hrs</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BRONCHIECTASIS</u> | | | 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>7-19-56</u> to <u>3-21-62</u> and last saw her alive on <u>3-21-62</u> Death occurred at <u>8:55 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Loe Ziffney</u> (Degree or title) <u>M.D.</u> | | 22b. ADDRESS <u>Box 65 Mtn. View, Mo.</u> | |
| 22c. DATE SIGNED <u>3-24-62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3/25/1962</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Center Hill Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Mtn. View, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Duncan Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>3/26/62</u> | |
| ADDRESS <u>Mtn. View, Mo.</u> | | 26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u> | |

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 Charles D. Partain

Licensed Embalmer No. 5107

P. O. Address Mtn. View, 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.