

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027045 ✓

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB.

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3810

FILED AUG 2 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Clark L. Henry MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		a. STATE Missouri		b. COUNTY Platt	
c. FULL NAME OF (If NOT in hospital, give location) St. Luke's Hospital		Length of stay in lb 1 week		c. CITY OR TOWN Dearborn		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Oliver		Middle F.		Last Dovel	
5: SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-15-1900	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		9. AGE (last birthday) 61		11. BIRTHPLACE (City and state or country) Kansas	
13a. FATHER'S NAME Winn F. Dovel		13b. MOTHER'S MAIDEN NAME Effie Walters		14. NAME OF HUSBAND OR WIFE Floy Dovel		12. CITIZEN OF WHAT COUNTRY U. S. 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 Floy Dovel Dearborn Mo.	
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Post op Pneumectomy							
DUE TO (b) Broncho genic Carcinoma Rt Lung							
DUE TO (c)							
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 _____ min. _____ 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 Dearborn	
20g. COUNTY Platt		20h. STATE Missouri		21. I attended the deceased from 7/13/62 to 7/20/62 and last saw her/him alive on 7/20/62 Death occurred at 9:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clark L. Henry M.D.		22b. ADDRESS 4320 Wornall EC. Mo		22c. DATE SIGNED 7/24-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-23-62		23c. NAME OF CEMETERY OR CREMATORY Dearborn Cemetery		23d. LOCATION (City, town, or county) Dearborn Missouri	
24. FUNERAL DIRECTOR Vaughn-Aufrank		ADDRESS Dearborn Mo.		25. DATE RECD. BY LOCAL REG. 7-23-62		26. REGISTRAR'S SIGNATURE Ruel S Long	

AUG 30 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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Wenton MD.

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.