

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-031917

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 251 Primary Registration District No. --- Registrar's No. 2/2

FILED SEP 10 1962

VS 300
Rev. 4/59

1 0740

2 0740

3

4 1

5 2

6

7 0

8 2

9 446X

10

11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmo		Length of stay in lb 2 yrs.	c. CITY OR TOWN Elmo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harry Ecker home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6 miles northwest Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OPAL Middle TIFFANY Last TIFFANY		4. DATE OF DEATH Month 8 Day 26 Year 62	
5. SEX Female	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 9/22/81
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months 8 Days 26	IF UNDER 24 HR Hours 62 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Elmo, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Daniel Needham	
13b. MOTHER'S MAIDEN NAME Alice Summers		14. NAME OF HUSBAND OR WIFE Bert Tiffany, dec.	
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. none	17. INFORMANT Mrs. Harry Ecker, Elmo, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ur mia DUE TO (b) Arteriolar N phroscl rosis. DUE TO (c) Art riosclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH sev. w eks. s v. yrs. s v. yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Hyp rglycem ia probably due to hepatic dysfunction.			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 5:00 a.m. p.m.	Month, Day, Year 8/26/62	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.) S pt. 13, 1961		20f. CITY, TOWN, OR LOCATION Elmo, Missouri	20g. COUNTY Missouri
20h. STATE Missouri		20i. DATE OF DEATH 8/26/62	
21. I attended the deceased from 5:00 p. to 8/26/62 and last saw per alive on S pt. 25, 1962 Death occurred at 5:00 p. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Harriet Ford</i> (Dee or title) D. O.		22b. ADDRESS Elmo, Missouri	22c. DATE SIGNED Sep 5 62.
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/29/62	23c. NAME OF CEMETERY OR CREMATORY LaMar	23d. LOCATION (City, town, or county) (State) Elmo, Missouri
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 9-3 62	26. REGISTRAR'S SIGNATURE <i>Bess Holt</i>

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 Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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.