

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033454

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 4530 Registrar's No. 155

FILED AUG 28 1962

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Rev. 4/59

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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 Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richards		Length of stay in 1b Lifetime	c. CITY OR TOWN Richards		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Richards Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) General Delivery		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LIBBIE Middle LOUISE Last DEBUS			4. DATE OF DEATH Month August Day 12 Year 1962			
5. SEX F	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-11-1894	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
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) Orient Iowa	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Martin Debus		13b. MOTHER'S MAIDEN NAME Marie Geiger		14. NAME OF HUSBAND OR WIFE =====		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. John Zimmerman, Richards, Missouri Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anteroseptate heart disease					INTERVAL BETWEEN ONSET AND DEATH: 4 months	
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)				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 7/6/1962 to 8/12/1962 and last saw her alive on 8/10/62 Death occurred <input checked="" type="checkbox"/> about 9:00 <input type="checkbox"/> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE John Aldis, M.D. (Degree or title)			22b. ADDRESS St. Scott, Kans.		22c. DATE SIGNED 8/21/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE August 15, 1962	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	23d. LOCATION (City, town, or county) Nevada	23e. STATE Missouri		
24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 8-24-1962	26. REGISTRAR'S SIGNATURE Anna J. Ferry			

SEP 7 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

L. Douglas Ferry

Licensed Embalmer No.

4960

P. O. Address

Newada, Missouri

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.