

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042041

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 80 Primary Registration District No. 5307 Registrar's No. 18

STATE FILE NUMBER

FILED DEC 7 1962

VS 300
Rev. 4/59

DATE AMENDED

10260
20260

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4 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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INSTEAD OF

94500
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12 70-2
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Col</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>col</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Russellville Monroe</u>		Length of stay in 1b	c. CITY OR TOWN <u>Russellville</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Russellville</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MINNIE GAYNE BATES</u>		4. DATE OF DEATH Month <u>12</u> Day <u>1</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-25-1884</u>
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 <u>Col Co MO</u>	9. AGE (last birthday) <u>78</u>
11a. FATHER'S NAME <u>John Strobel</u>		11b. MOTHER'S MAIDEN NAME <u>Sophie Campbell</u>	12. CITIZEN OF WHAT COUNTRY <u>Col CO U.S.A.</u>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE <u>Elsie Flugel Russellville Mo</u>	
15. SOCIAL SECURITY NO.		17. INFORMANT <u>Elsie Flugel Russellville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Glomerular Nephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Uremia</u>			<u>10 days</u>
DUE TO (c) <u>Chronic Arteriosclerosis</u>			<u>10 yrs</u>
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 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	COUNTY STATE
21. I attended the deceased from <u>9-16-62</u> to <u>12-1-62</u> and last saw her <u>alive</u> on <u>12-1-62</u> Death occurred at <u>1:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. M. Schubert D.O.</u>		22b. ADDRESS <u>Russellville</u>	22c. DATE SIGNED <u>12-1-62</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Dec. 3</u>	<u>ENLOE CEM.</u>	<u>Russellville Mo</u>
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Stephens Funeral Home</u>	<u>Russellville</u>	<u>Dec. 2</u>	<u>Minnie Hettnermeyer</u>

RECEIVED

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]
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 2307

P. O. Address Russellville, 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.