

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000008

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 40

FILED FEB 4 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)	
a. COUNTY Adair		a. STATE Mo. b. COUNTY Adair	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 5 years	c. CITY OR TOWN Novinger
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Nursing Home # 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last Lulu Blake Clark		Month Day Year January 30, 1963	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Female	white		2-15-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday)
Housewife		Homemaking	68
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
Macon County, Mo.		U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
William Blake		Dorothal Trimbley	Claude Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT
no			Mrs. Joe Cuculich, Novinger, Mo.
18. CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			hours
IMMEDIATE CAUSE (a) Medullary Failure			
DUE TO (b) Acute Cardiac Decompensation			hours
DUE TO (c) Diffuse Bronchopneumonia			days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			PART III. If deceased was female was there a pregnancy in last 90 days.
Prolonged Bedfastness, Debilitation and Inanition Long Standing			<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 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 Aug. 1, 1962 to Jan. 30, 1963 and last saw her alive on Jan. 29, 1963			
Death occurred at 12:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22c. DATE SIGNED	
Irvin Pretskey, D.O.		1/31/63	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
Burial		2-1-63	Greencastle
23d. LOCATION (City, town, or county) (State)		25. DATE RECD. BY LOCAL REG.	
Greencastle, Mo.		Feb. 1, 1963	
26. REGISTRAR'S SIGNATURE		27. BUREAU DIRECTOR	
Doris W. Ratliff		Dec 11, 1963	
28. ADDRESS		29. ADDRESS	
800 W. Jefferson		415 North Franklin	
		Kirksville, Missouri	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

VS 300
Rev. 4/59

0017

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131-0

Print received Feb. 1, 1963
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IRVIN PRETSKY, D.O.

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 Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirkville, 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.