

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024961

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 175 Primary Registration District No. 2650 Registrar's No. 200

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 17 1963

VS 300
Rev. 4/59

10550
20550

3
4 1
5 3
6
7 0
8 0
94222
10
11
1290-0
136-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Spring River Township</u>		Length of stay in 1b <u>6 months</u>		c. CITY OR TOWN <u>Verona</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 Miles NW of Verona</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route 1</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>Evaline</u> Middle <u>W.</u> Last <u>Streeter</u>			4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1963</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>6/25/1880</u>		9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
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				11. BIRTHPLACE (City and state or country) <u>Henry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Peter Wade</u>				13b. MOTHER'S MAIDEN NAME <u>Sara Jane Johnston</u>				14. NAME OF HUSBAND OR WIFE <u>Orin Ira Streeter</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Homer Streeter, Verona, Missouri</u>							
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Acute + Chronic Heart Failure</u> DUE TO (c) <u>1 year</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH	
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>5-1-63</u> to <u>death</u> and last saw him ^{her} alive on <u>6/3/63</u> Death occurred at <u>6-7-63</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Dr. Morrison M.D.</u>						22b. ADDRESS <u>Aurora, Mo</u>			22c. DATE SIGNED <u>6/8/63</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>June 10, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>					
24. FUNERAL DIRECTOR <u>Marsh Funeral Home, Inc., Aurora, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>6-9-63</u>		26. REGISTRAR'S SIGNATURE <u>Helen Meyer Registrar</u>							

USE BLACK INK OR TYPEWRITER RIBBON

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 Everett Crawford, Jr., Student Embalmer No. 675

working under my personal supervision.

Student

Everett Crawford, Jr.
Signature of Student Embalmer

Signed

Charles L. Harsh

Licensed Embalmer No. 3812

P. O. Address Aurora, 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.