

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031173

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 3000 Primary Registration District No. 3000 Registrar's No. 283

FILED AUG 26 1963

VS 300
Rev. 4/59
10017
20610
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4 1
5 2
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7 0
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9 9030
10 20
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12 2-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b	c. CITY OR TOWN <u>Elmer</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Elmer</u>	
3. NAME OF DECEASED (Type or print) First <u>Zora</u> Middle <u>Belle</u> Last <u>Tata</u>			4. DATE OF DEATH Month <u>August</u> Day <u>12</u> Year <u>1963</u>		
5. SEX <u>F</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>5-2-83</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u> Hours <u></u> Min. <u></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	11. BIRTHPLACE (City and state or country) <u>Macon County Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>Amer.</u>
13a. FATHER'S NAME <u>J. C. Wacker</u>		13b. MOTHER'S MAIDEN NAME <u>Lousia Todd</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Tresa Stull</u> Address <u>Ethel Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia due to Diabetic Coma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 Hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus of Unknown Cause</u>					DUE TO (c) <u>Toxemia due to Nephrosclerosis</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of Rt Hip (Intracapsular), Surgical Stab Wound</u>					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 checked="" 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.) <u>Working on yard and fell backward</u>			
20c. TIME OF INJURY Hour <u>6:00</u> p.m. Month, Day, Year <u>8-6-63</u>	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.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Elmer</u>	COUNTY <u>Macon</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>8-6-63</u> to <u>8-12-63</u> and last saw her/him alive on <u>8-11-63 8:30 pm</u> Death occurred at <u>6:15 Am</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>James F. Lupo Do</u>			22b. ADDRESS <u>800 W. Jefferson, Kirksville, Mo</u>		22c. DATE SIGNED <u>8-19-63</u>
23a. BURIAL, CREMATION, etc. (Specify) <u>Burial</u>	23b. DATE <u>Aug 14 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmer</u>	23d. LOCATION (City, town, or county) <u>Macon County Missouri</u>		(State)
24. FUNERAL DIRECTOR <u>J. H. McCall</u>		ADDRESS <u>South Gifford Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 21, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>	

USE BLACK INK

OR TYPEWRITER RIBBON

Permit issued Aug. 12, 1963

JAMES F. GIPE, 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 _____

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.