

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 102 STATE OF MISSOURI  
**63-032041**

DO NOT WRITE ON THIS STUB  
AMENDED

FILED SEP 9 1963

VS 300  
Rev. 4/59

0411  
20410

0  
0

0  
2

9493X

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BETHANY</u>		Length of stay in 1b <u>3 DAYS</u>	c. CITY OR TOWN <u>BETHANY</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NOLL HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6mi N.W. BETHANY</u>
3. NAME OF DECEASED (Type or print) First <u>GLENN</u> Middle <u>ALBERT</u> Last <u>NORTH</u>		4. DATE OF DEATH Month <u>AUG</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 26 1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	9. AGE (last birthday) <u>58</u>
13a. FATHER'S NAME <u>CLARENCE NORTH</u>		13b. MOTHER'S MAIDEN NAME <u>ETTA SNOODGRASS</u>	11. BIRTHPLACE (City and state or country) <u>CARROLL COUNTY, MO</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>NOLL HOSPITAL</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</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>Pneumonia</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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 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 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>8-10-63</u> to <u>8-12-63</u> and last saw her alive on <u>8-12-63</u> Death occurred at <u>4 10</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Victor J. Haerig M.D.</u>		22b. ADDRESS <u>Bethany, Mo.</u>	22c. DATE SIGNED <u>8-13-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8/15/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>BRAYMER MO.</u>
24. FUNERAL DIRECTOR <u>MEAD-PITTS</u>	ADDRESS <u>BRAYMER, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>8-13-1963</u>	26. REGISTRAR'S SIGNATURE <u>Jella Mayey</u>

1140  
10140  
0  
0  
0  
0

**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,

0 - 1

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John W. Pitt*

Licensed Embalmer No. 5074

P. O. Address Bryson, 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.