

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042744

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 107

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

**FILED NOV 26 1963.**

1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>FAIRFAX</u>		Length of stay in 1b <u>10 DAYS</u>	c. CITY OR TOWN <u>MOUND CITY</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COMMUNITY HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>HELEN CLAIRE FUHRMAN</u>			4. DATE OF DEATH <u>NOV. 18 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>3/26/1891</u>
9. AGE (last birthday) <u>72</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 <u>IN THE HOME</u>	11. BIRTHPLACE (City and state or county) <u>HOLT COUNTY MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>PLEASANT W. ZACHARY</u>	
14. MOTHER'S MAIDEN NAME <u>NANNIE BROWNING</u>		15. NAME OF HUSBAND OR WIFE <u>HARRY F. FUHRMAN</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>NO</u> )		17. SOCIAL SECURITY NO. <u>AS ELDON FUHRMAN PORTLAND 22 ORE.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Anoxia</u> DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u>Pneumococcus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>12 hrs</u> <u>2 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness, and not included in (a) <u>admission to hospital primary brain recurrent</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 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 checked="" 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>July 1959</u> to <u>Nov 18, 1962</u> and last saw her <u>live on Nov 18, 1962</u> Death occurred at <u>HC</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James Humphrey M.D.</u>		22b. ADDRESS <u>MOUND CITY MO.</u>	22c. DATE SIGNED <u>11/19/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-20-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE</u>	23d. LOCATION (City, town, or county) (State) <u>MOUND CITY MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>JAMES H. CRAWFORD MOUND CITY MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 21, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Theron V. Leckler</u>

USE BLACK INK OR TYPEWRITER RIBBON

DEC 4 1963

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. 4796

P. O. Address Norman City, 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.