

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043163

Registration District No. 55 Primary Registration District No. 5210 Registrar's No. 127 STATE FILE NUMBER

FILED DEC 10 1963

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stokesmound		Length of stay in 1b	c. CITY OR TOWN Tina,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION John Deitch home.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Tina,
3. NAME OF DECEASED (Type or print) First Middle Last JOYCE ELAINE DEITCH			4. DATE OF DEATH Month Day Year December 2nd, 1963
5. SEX F	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/16/1962
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 1
11. BIRTHPLACE (City and state or country) Chillicothe, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Deitch		13b. MOTHER'S MAIDEN NAME Roberta (Cowser) Deitch	
14. NAME OF HUSBAND OR WIFE XXX		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)	
16. SOCIAL SECURITY NO.		17. INFORMANT John Deitch Tina, Missouri, RFD	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized physical & Mental deterioration DUE TO (b) due Congenital Hydrocephalus. DUE TO (c) 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"/> N- <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.	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 17, 1962 to Dec 7, 1963 and last saw her <u>live</u> on 11-23-63 . Death occurred at 7 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.M. Powell, M.D. (Degree or title)		22b. ADDRESS Chillicothe Mo	22c. DATE SIGNED 12-4-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/4/1963	23c. NAME OF CEMETERY OR CREMATORY Coloma	23d. LOCATION (City, town, or county) Tina, Missouri.
24. FUNERAL DIRECTOR Clifford W. Austin ADDRESS Tina, Missouri		25. DATE RECD. BY LOCAL REG. 12-6-63	26. REGISTRAR'S SIGNATURE Mary Dean

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

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyford W. Austin
Clyford W. Austin
Licensed Embalmer No. #3233

P. O. Address Tina, 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.