

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047642

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1825 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

FILED DEC 26 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri		Length of stay in lb 453 days	c. CITY OR TOWN Wichita
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Unknown
3. NAME OF DECEASED (Type or print) First John Middle Henry Last Dauer		4. DATE OF DEATH Month Dec. Day 20 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-21-89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Food	11. BIRTHPLACE (City and state or country) Niagara Falls, New York
13a. FATHER'S NAME John J. Dauer		13b. MOTHER'S MAIDEN NAME Bertha Dauer	14. NAME OF HUSBAND OR WIFE Bertha Keegen Dauer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH One Hour	
DUE TO (b) Bronchogenic carcinoma		Unknown	
DUE TO (c) Emphysema of lungs		Many years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis & abdominal aortic aneurysm		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 checked="" 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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> 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 9-12-62 , to 12-20-63 and last saw ^{her} him alive on 12-19-63		Death occurred at 3:35 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Print name) P. J. Cicone, M.D., Medical Director, USPHS		22b. ADDRESS Medical Center, Springfield, Mo.	22c. DATE SIGNED 12-23-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-27-63	23c. NAME OF CEMETERY OR CREMATORY St. Mary's	23d. LOCATION (City, town, or county) (State) Springfield, Mo
24. FUNERAL DIRECTOR Adams - Manger, Ozark, Mo		25. DATE RECD. BY LOCAL REG. 12-24-63	26. REGISTRAR'S SIGNATURE L. J. ...

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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 SHOULD READ
 BY AFFIDAVIT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
CERTIFICATE OF EMBALMING
BY _____
R-10-11

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

Bessie M. Abbott

Licensed Embalmer No. 5115

P.O. Address Springfield 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.