

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 186

STATE FILE NUMBER

63-050594

FILED DEC 31 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Oregon</u> <u>Vernon</u>		a. STATE <u>Mo</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Length of stay in 1b <u>494 24 1d</u>	c. CITY OR TOWN <u>Thayer</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp. #3</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>None</u>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <u>Dempsey H. Countryman</u>		Month Day Year <u>12 23 63</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>12-24-89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE (last birthday) <u>73</u>
11. BIRTHPLACE (City and state or country) <u>Thayer, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Charles P. Countryman</u>		13b. MOTHER'S MAIDEN NAME <u>Cora E Ferguson</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Records State Hospital #3 Nevada Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			<u>2 d</u>
IMMEDIATE CAUSE (a) <u>Broncho pneumonia</u>			
DUE TO (b) <u>Prostatic Hypertrophy</u>			
DUE TO (c)			
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.
<u>Schizophrenic Reaction Paranoia</u>			<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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 viewed the deceased from <u>viewed the remains at 1:15 pm 12-23-63</u> and last saw him alive on <u>12-23-63</u> Death occurred at <u>1:15 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J.D. Cornis MD</u>		22b. ADDRESS <u>Nevada Mo</u>	
22c. DATE SIGNED <u>12-23-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12/23/63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Washington University</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis 10, Missouri</u>	
24. FUNERAL DIRECTOR <u>Eichinger-Milster Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Missouri 12-23-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Anna E. Jerry</u>			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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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 S Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.

RECEIVED
JAN 10 1938
Missouri State Board of Health
St. Louis, Mo.