

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

32-61-021934  
STATE FILE NUMBER

AMENDED

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 32

**FILED JUN 27 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marian Twp Princeton Mo</b>		c. CITY OR TOWN <b>Mercer</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Own Home at Hill Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Marian Twp.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Julie Ann Michaelis</b>		4. DATE OF DEATH Month Day Year <b>June 18, 61</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 4, 1958</b>
9. AGE (last birthday) <b>3</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Larry Michaelis</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Cox</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>L.A. Michaelis</b>		Address <b>Mercer Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushing injury to skull</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>
DUE TO (b) <b>Car rolled over head</b>			
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. <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 checked="" 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.) <b>Car wheel rolled over head</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>3:00 a.m. 6-18-61</b>			
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.) <b>driveway at home</b>	20f. CITY, TOWN, OR LOCATION <b>Marion Twp,</b>	COUNTY STATE <b>Mercer Co. Mo.</b>
21. I attended the deceased from <b>3:45 p.m. 6-18</b> to <b>7:45 p.m. 6-18</b> and last saw her/him alive on <b>6-18-61</b> . Death occurred at <b>7:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deedee or title) <b>Douglas A. Pearce D.O.</b>		22b. ADDRESS <b>Princeton, Mo.</b>	22c. DATE SIGNED <b>6-23-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 21, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Girdner Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mercer Co. Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Ames Greenlee, Lineville Iowa</b>		25. DATE RECD. BY LOCAL REG. <b>6-23-61</b>	26. REGISTRAR'S SIGNATURE <b>Paul Mann</b>

**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,

only \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James L. Granger*

Licensed Embalmer No. 3967

P. O. Address Linnville

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.