

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002738

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 3

AMENDED

FILED JAN 23 1962

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton, MO		c. CITY OR TOWN Princeton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital		d. STREET ADDRESS (If outside, give location) Princeton	
3. NAME OF DECEASED (Type or print) First Samuel Middle _____ Last Dragoo		4. DATE OF DEATH Month 1 Day 15 Year 1962	
5. SEX male	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 8-16-1877
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 83
11. BIRTHPLACE (City and state or country) Mercer Co., Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lafe Dragoo		13b. MOTHER'S MAIDEN NAME Mary Herrington	
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) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Wendell Arbuckle Address Mercer, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (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 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 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>1-9-62</u> to <u>1-15-62</u> and last saw her/him alive on <u>1-15-62</u> Death occurred at <u>2:15 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Byron I Axtell D.O.</i> (Degree or title)		22b. ADDRESS Princeton, Mo.	22c. DATE SIGNED 1-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
burial	1-17-62	Farley	Mercer Co., Mo
24. FUNERAL DIRECTOR Noel Moss ADDRESS Princeton, Mo	25. DATE RECD. BY LOCAL REG. 1-18-62	26. REGISTRAR'S SIGNATURE <i>Harold Moss</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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 Harold Marsh

Licensed Embalmer No. 2634

P. O. Address Genator W

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.