# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

EPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006105
STATE FILE NUMBER

ITE UB | AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 57

FILED MAR 12 1962

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington | Length of stay in 1b 2 Yahrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital | Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Bourbon | Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Halfaker Village | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Carol Middle Lea Last Missey
4. DATE OF DEATH Month March Day 3 Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH June 5 1943
9. AGE (last birthday) 18
IF UNDER 1 YEAR Months 8 Days 27 | IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Bourbon, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John Brewer
13b. MOTHER'S MAIDEN NAME Jewel Ryerson
14. NAME OF HUSBAND Ralph Missey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. Not Avail.
17. INFORMANT Ralph Missey Address Bourbon, 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) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH Seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 2 days
DUE TO (c) Acute Broncho pneumonia. — 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fulminating Desseminated Lupus Erythematosis
PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 59, to 3 Mar 62 and last saw her/him alive on 2 Mar 62
Death occurred at 2:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Gordon W. Duffield (Degree or Title) MD
22b. ADDRESS Bourbon Mo
22c. DATE SIGNED 4 Mar 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-5-1962
23c. NAME OF CEMETERY Oakhill
23d. LOCATION (City, town, or county) Cuba (State) Mo.
24. FUNERAL DIRECTOR Norman C. Haener ADDRESS Cuba, Mo
25. DATE RECD. BY LOCAL REG. 3/6/62
26. REGISTRAR'S SIGNATURE Leola C. Hardman

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 Norman A. Haemer

Licensed Embalmer No. 4673

P. O. Address Cuba, 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.