

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009578

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 9

FILED FEB 27 1962

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	DOCUMENT
	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHAFFEE</u>		Length of stay in lb <u>44 yrs</u>	c. CITY OR TOWN <u>CHAFFEE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD #1</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD #1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY ALICE ROBERTS</u>			4. DATE OF DEATH Month Day Year <u>FEB 19 1962</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1922-4-25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWOMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	9. AGE (last birthday) Months Days Hours Min. <u>78 9 34</u>
11a. FATHER'S NAME <u>J. R. ROWE</u>		11b. MOTHER'S MAIDEN NAME <u>MINERVA WILLIAM</u>	11. BIRTHPLACE (City and state or country) <u>DONGOLA MO</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u> </u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
17. INFORMANT <u>MARIE HUEY-CHAFFEE</u>		Address <u> </u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE CARDIAC DECOMPENSATION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 HRS.</u>
DUE TO (b) <u>CARDIOVASCULAR RENAL DISEASE</u>			<u>5 YRS.?</u>
DUE TO (c) <u> </u>			<u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MASSIVE CEREBRAL HEMORRHAGE</u>			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 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.) <u>NONE</u>	
20c. TIME OF INJURY Hour Month, Day, Year. <u>NONE</u>	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.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1951</u> to <u>FEB. 1962</u> and last saw her alive on <u>2-19-62</u>			
Death occurred at <u>6:55 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. Imosebach, D.O.</u>		22b. ADDRESS <u>ORAN, MO.</u>	22c. DATE SIGNED <u>2-20-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-21-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DONGOLIA GEN.</u>	23d. LOCATION (City, town, or county) (State) <u>ZALMA MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>STUBBS FUNERAL HOME, CHAFFEE</u>		25. DATE RECD. BY LOCAL REG. <u>Feb-23-1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Inez Breilinghoff</u>

**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 Eugene L. Stubb

Licensed Embalmer No. 5012

P. O. Address Chaffee, 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.