

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009594
STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 7

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 28 1962

VS 300
Rev. 4/59

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12 86-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BELL CITY, MISSOURI		Length of stay in 1b 4 YRS	c. CITY OR TOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SHELLEY N URSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD LISHMAN			4. DATE OF DEATH Month Day Year FEB 5 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/20/1871
9. AGE (last birthday) 90		IF UNDER 1 YEAR Months 11 Days 15	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARM		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) KY.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME UNKNOWN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE EMME MAE OYSTER	
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 LOLLA KLAPROTH		Address JACKSON, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock			INTERVAL BETWEEN ONSET AND DEATH 6 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Circulatory Failure			12 HRS
DUE TO (c) Cerebral Thrombosis			2 DAYS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced Bacterial Meningitis			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 Month, Day, Year a.m. p.m.		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 JULY 58 to 2-5-62 and last saw him alive on 2-4-62 Death occurred at 1:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. G. Masters D.O.		22b. ADDRESS	
22c. DATE SIGNED Feb 2-1962		22d. ADDRESS (City, town, or county) (State)	
23a. BURNAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/7/1962	23c. NAME OF CEMETERY OR CREMATORY BREADFIELD, CEMETERY	
23d. LOCATION (City, town, or county) ILLMO, MISSOURI		23e. REGISTRAR'S SIGNATURE Bernice Moore	
24. FUNERAL DIRECTOR Frank Yello		25. DATE RECD. BY LOCAL REG. 2/20/62	
ADDRESS BELL CITY, MISSOURI		25. REGISTRAR'S SIGNATURE	

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 J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address Medley, 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.