

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010191

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 58

FILED MAR 26 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF		
Rev. 4/59				
10201				
21080				
3				
4 0				
5 2				
6				
7 1				
8 0				
9332X	DOCUMENT	BY AFFIDAVIT OF		
10				
11				
12 1-2				
13 1-0				
			MEDICAL CERTIFICATION	SHOULD READ
	USE BLACK INK OR TYPEWRITER RIBBON	ITEM NO.		

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Cedar</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u>		Length of stay in 1b <u>16 Da.</u>	c. CITY OR TOWN <u>Walker</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Co. Memorial Hos.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 2</u>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	Month Day Year
First <u>Homer</u> Middle <u>Mason</u> Last <u>Charles</u>		<u>March 22 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>11-8-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>86</u>
11a. FATHER'S NAME <u>John Charles</u>		11b. MOTHER'S MAIDEN NAME <u>Temperence Mason</u>	11. BIRTHPLACE (City and state or country) <u>Cass Co., Iowa</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12b. SOCIAL SECURITY NO. <u>--</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. NAME OF HUSBAND OR WIFE <u>Florence Dewland (Dec.)</u>		17. INFORMANT <u>Neale Charles, Walker, Mo., R.2</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>			
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 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>4/19/60</u> to <u>3/22/62</u> and last saw him <u>3/22/62</u>		Death occurred at <u>6:55</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Wm. C. Sunderwirth, P.O.</u>		22b. ADDRESS <u>El Dorado Springs, Mo.</u>	22c. DATE SIGNED <u>3/22/62</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-24-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Vernon Co., Missouri</u>
24. FUNERAL DIRECTOR <u>Gwinn-Carothers, El Dorado Spgs, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-22-62</u>	26. REGISTRAR'S SIGNATURE <u>Jal E. Hurham per K.M.</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 Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Spgs., 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.