

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010275

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 74 Primary Registration District No. 4136 Registrar's No. 9  
**FILED MAR 26 1962**

VS 300  
Rev. 4/59

1 0250  
2 02502

3

4 1

5 2

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7 0

8 2

9 4201

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Plattsburg,</u>		Length of stay in 1b <u>4 years</u>	c. CITY OR TOWN <u>Plattsburg</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>607 Mahle</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>607 Mahle</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Catherine</u> Last <u>Reardon</u>			4. DATE OF DEATH Month <u>March</u> Day <u>19</u> Year <u>1962</u>
5. SEX <u>Female</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>5/29/1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>87</u> IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME <u>Jerry O'Connor</u>		11b. MOTHER'S MAIDEN NAME <u>Elizabeth Murphy</u>	11c. NAME OF HUSBAND OR WIFE <u>Dec'd</u>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		13. SOCIAL SECURITY NO. <u>not known</u>	13. INFORMANT <u>James O'Connor, Kansas City, Mo.</u> Address
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Ischemia</u>			<u>30 days</u>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Secondary Anemia</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
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	17. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
18. TIME OF INJURY Hour _____ a.m. _____ p.m.	19. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. CITY, TOWN, OR LOCATION		COUNTY STATE
22. I attended the deceased from <u>Feb 24 - 62</u> to <u>Mar 17 - 62</u> and last saw her/him alive on <u>Mar 12 - 62</u> Death occurred at <u>6 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
23. SIGNATURE (Degree or title) <u>W. Spalding M.D.</u>		24. ADDRESS <u>Plattsburg Mo</u>	
25. DATE SIGNED <u>Mar 20 1962</u>			
26. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	27. DATE <u>3/21, 1962</u>	28. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
29. LOCATION (City, town, or county) <u>Plattsburg, Missouri</u>		(State)	
30. FUNERAL DIRECTOR <u>Lyon Funeral Home, Inc, Plattsburg, Mo.</u>		31. ADDRESS <u>3-21-1962</u>	
32. DATE RECD. BY LOCAL REG.		33. REGISTRAR'S SIGNATURE <u>Mary W. Seearce</u>	

MAR 29 1962

**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 Alvin E. Cox

Licensed Embalmer No. 4943

P. O. Address Blairsville, 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.