

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011657

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 760 Primary Registration District No. 559V Registrar's No. 46

FILED MAR 27 1962

VS 300
Rev. 4/59

1 0500

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP		Length of stay in 1b 1-DAY	c. CITY OR TOWN HERCULANEUM
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mrs. View Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 630 OLD HIGHWAY
3. NAME OF DECEASED (Type or print) First ETHEL Middle ACE Last HOMOLYA		4. DATE OF DEATH Month MAR. Day 23 Year 1962	
5. SEX FEMALE	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 7-30-86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY Home Maker	9. AGE (last birthday) 75
11. BIRTHPLACE (City and state or country) CLAY POOL, IND.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN SHULTZ		13b. MOTHER'S MAIDEN NAME MAHALLA ZIMMERMAN	14. NAME OF HUSBAND OR WIFE DECEASED
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 DELBERT SHULTZ		Address HERCULANEUM, 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) Cardio Vascular Disease			INTERVAL BETWEEN ONSET AND DEATH Worse 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) Chronic Ulcerative Colitis			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.)	
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 3-22-62 to 3-23-62 and last saw her alive on 3-22-62 . Death occurred at 6:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. D. [Signature]		22b. ADDRESS 112 MISSISSIPPI AVE. Crystal City, Mo	22c. DATE SIGNED 3-23-62
23a. BURIAL, CREMATION, REMOVAL (Specify) 3-25-62	23b. DATE 3-25-62	23c. NAME OF CEMETERY OR CREMATORY ROSELAWN	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY MISSOURI
24. FUNERAL DIRECTOR James R. Cady		ADDRESS CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG. 3/23/62
		26. REGISTRAR'S SIGNATURE John R. Stell, Deputy	

USE BLACK INK OR TYPEWRITER RIBBON

J. Dept.

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 *James Richard Cady*
Licensed Embalmer No. *4309*

P. O. Address *CRYSTAL CITY, 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.