MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-011860

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 15-62

FILED MAR 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0600
2	0600
3	
4	1
5	2
6	
7	9
8	0
9	197.3
10	
11	
12	90-2
13	1-1

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McMillen — Length of stay in 1b: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rootel Anderson Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY McDonald
c. CITY OR TOWN Anderson — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rootel — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Bertha Middle Otilda Last Davis

4. DATE OF DEATH: Month Jan. Day 8 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-29-1889
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (City and state or country): Unknown
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Carl J. Neufeldt
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Damon Mitchell — Address: Anderson, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 war
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cachectic State – due to liposarcoma of left hip c̄ probable metastasis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1958, to Jan 8/62 and last saw her/him alive on Jan 8/62
Death occurred at 9:50 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R P Fountain Do
22b. ADDRESS: Noel Mo
22c. DATE SIGNED: 3/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 12, 1962
23c. NAME OF CEMETERY OR CREMATORY: New Bethal
23d. LOCATION (City, town, or county) (State): McDonald, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Rohler Funeral Home, Anderson, Mo.
25. DATE RECD. BY LOCAL REG.: March 15, 1962
26. REGISTRAR'S SIGNATURE: Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

PERMIT NOT ISSUED

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 Robert C. Roller

Licensed Embalmer No. 5062

P. O. Address Anderson, 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.