

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011883

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 49

STATE FILE NUMBER

FILED MAR 27 1962

VS 300  
Rev. 4/59

10611  
20611-  
3  
4 0  
5 2  
6  
7 1  
8 2  
9420.1  
10  
11  
1290-0  
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Macon</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Macon</b>  |   | c. CITY OR TOWN <b>Macon</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dameron St.</b>  |   | d. STREET ADDRESS (If outside, give location) <b>Dameron St.</b>   |  |
| 3. NAME OF DECEASED (Type or print) <b>STEPHEN VIERS</b>  |   | 4. DATE OF DEATH <b>Mar. 6 1962</b>  |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>1/16/1882</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <b>State Of Iowa</b>  |
| 13a. FATHER'S NAME <b>Mike Viers</b>  |   | 13b. MOTHER'S MAIDEN NAME  | 14. NAME OF HUSBAND OR WIFE  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |   | 16. SOCIAL SECURITY NO.  | 17. INFORMANT <b>Clarence Viers</b> Address <b>Macon, Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>   |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>45 min</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>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.<br><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   |   | 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 <b>3-6-62</b> to <b>3-6-62</b> and last saw him alive on <b>3-6-62</b><br>Death occurred at <b>5:20 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE <b>Carol T. Parker M.D.</b> (Degree or title)  |   | 22b. ADDRESS <b>Macon, Mo</b>  |  |
| 22c. DATE SIGNED <b>3/12/62</b>   |   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>3/9/1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Friendship</b>   | 23d. LOCATION (City, town, or county) (State) <b>Macon Missouri</b>  |
| 24. FUNERAL DIRECTOR <b>P. Lester Bram</b> ADDRESS <b>Macon, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>3/12/62</b>  | 26. REGISTRAR'S SIGNATURE <b>Clarence Viers</b>  |

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 Philip E. Bram, Student Embalmer No. 643  
working under my personal supervision.

Student Philip E. Bram  
Signature of Student Embalmer

Signed R. Lester Bram

Licensed Embalmer No. 4482

P. O. Address Merion, 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.