

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011969
STATE FILE NUMBER

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 3

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10660
20660

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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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richwoods Twp.		c. CITY OR TOWN Iberia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Home	
3. NAME OF DECEASED (Type or print) First Thomas Middle Linley Last Drace		4. DATE OF DEATH Month March Day 15 , Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-26-1940
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kraml Novelty Shop		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 21
11. BIRTHPLACE (City and state or country) Iberia, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Newell P. Drace		13b. MOTHER'S MAIDEN NAME Beulah Wall	
14. NAME OF HUSBAND OR WIFE Dolores Ann Drace		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT Dolores Ann Drace Address Iberia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CREMATION			INTERVAL BETWEEN ONSET AND DEATH 20 MIN.
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) HOME BURNED, WAS BUILDING FIRE	
20c. TIME OF INJURY Hour 10:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 3-15-62 IN WOOD STOVE WHEN THERE WAS AN EXPLOSION			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	20f. CITY, TOWN, OR LOCATION MILLER COUNTY Mo. STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 10:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. S. Humphrey (Degree or title) D.O., Coroner		22b. ADDRESS THSCUMBIA, Mo.	
22c. DATE SIGNED 3-16-62		23. LOCATION (City, town, or county) (State) Iberia, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-18-1962	23c. NAME OF CEMETERY OR CREMATORY Iberia Cemetery	23d. LOCATION (City, town, or county) (State) Iberia, Mo.
24. FUNERAL DIRECTOR Scrivner-Stevinson ADDRESS Iberia, Mo.		25. DATE RECD. BY LOCAL REG. MARCH 16-1962	26. REGISTRAR'S SIGNATURE Jessie Perkins

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 Was Not Embalmed, Student Embalmer No. 654
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jay A. Stevenson
Licensed Embalmer No. _____

P. O. Address _____

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.