

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

41 -62-012041
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 2047 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 19 1962	
1. PLACE OF DEATH	
a. COUNTY Newton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho	a. STATE Missouri b. COUNTY McDonald
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial	c. CITY OR TOWN Lanagan
Length of stay in lb one day	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS Sale Memorial	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First Emery	Middle Leroy
Last Morris	4. DATE OF DEATH Month March
Day 11	
Year 1962	
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-13-1884
9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and state or country) Pineville, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME G. W. Morris	13b. MOTHER'S MAIDEN NAME Mary Brown
14. NAME OF HUSBAND OR WIFE None	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. None	17. INFORMANT Marye Faust, Lanagan, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Congestive Heart Failure	INTERVAL BETWEEN ONSET AND DEATH
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)	
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 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.	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 Neosho Mo
20g. COUNTY McDonald	
20h. STATE Missouri	
21. I attended the deceased from 3-11-62 to 3-11-62 and last saw him alive on 3-11-62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>	(Degree or title) Neosho Mo
22b. ADDRESS	22c. DATE SIGNED 3-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-14-1962
23c. NAME OF CEMETERY OR CREMATORY Pineville Cemetery	23d. LOCATION (City, town, or county) Pineville, Missouri
24. FUNERAL DIRECTOR HUMPHREY & SON FUNERAL HOME, Pineville, Mo.	25. DATE RECD. BY LOCAL REG. 3-14-62
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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Rev. 4/59

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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

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 Wayne A. Standard

Licensed Embalmer No. 5172

P. O. Address Neel, 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.