MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-012365
STATE FILE NUMBER

Registration District No. 814 Primary Registration District No. 4459 Registrar's No. 20

FILED MAR 27 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

USE BLACK INK OR TYPEWRITER/RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osceola — Length of stay in 1b: Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osceola Med; Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Clair
c. CITY OR TOWN: El Dorado Springs — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route # 4 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ethel Middle: Fern Last: Dorris
4. DATE OF DEATH: Month March Day 12 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/14/1900
9. AGE (last birthday): 62 — 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): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Denver Colorado
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Howard Wilkins
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:
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.:
17. INFORMANT: Gene Wilkins, El Dorado Spgs, Mo. — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Renal Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Diabetes Mellitus
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 15 July 61 to 3-12-62 and last saw her/him alive on 3-11-62
Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Staley D. Ker MD
22b. ADDRESS: Osceola Missouri
22c. DATE SIGNED: 3/13/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/15/62
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Springs
23d. LOCATION (City, town, or county) (State): El Dorado Spgs; Mo
24. FUNERAL DIRECTOR: Goodrich Funeral Home, Osceola Mo. — ADDRESS:
25. DATE RECD. BY LOCAL REG.: 3-21-62
26. REGISTRAR'S SIGNATURE: Ruth Beaver

(Licensed Embalmer's Statement on Reverse Side)

APR 19 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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Paul Firestone

Licensed Embalmer No. 3990

P. O. Address Osceola 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.