MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013844
STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6183 Registrar's No. 29

FILED APR 9 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	1050
2	1050
3	
4	1
5	1
6	
7	0
8	2
9	X
10	
11	105
12	97-0
13	2-0

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: Sullivan County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Milan Rural — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Highway C — Inside Limits: Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print): First: Irene Middle: Last: Mairs
4. DATE OF DEATH: Month: March Day: 28 Year: 1962
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct. 31, 1895
9. AGE (last birthday): 66 — 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): house wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): North Salem
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Daniel Coffman
13b. MOTHER'S MAIDEN NAME: Minnie Coffman
14. NAME OF HUSBAND OR WIFE: Van C. Mairs
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.:
17. INFORMANT: Minnie Coffman — Address: Browning,

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): Accidental death — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): auto accident
DUE TO (c): Fracture of skull & Fracture of neck
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 1200 a.m. Month, Day, Year: 3-28-62
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.): Highway C
20f. CITY, TOWN, OR LOCATION: Milan — COUNTY: Sullivan — STATE: Missouri

21. I attended the deceased from 3/25/62, to 3/25/62 and last saw her alive on 3/25/62
Death occurred at 12:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. R. McArtor MD
22b. ADDRESS: Browning
22c. DATE SIGNED: 3-30-1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 1
23c. NAME OF CEMETERY OR CREMATORY: Knifong
23d. LOCATION (City, town, or county): Rural Browning — (State): Mo.

24. FUNERAL DIRECTOR — ADDRESS: Wade Funeral Home-Browning, Mo.
25. DATE RECD. BY LOCAL REG.: 4-6-62
26. REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 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 Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.