

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-014713

STATE FILE NUMBER

Registration District No. 93

Primary Registration District No. \_\_\_\_\_

Registrar's No. 62-21

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 1962

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Dade</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lockwood</u> Length of stay in 1b <u>2 hrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lockwood Memorial Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u> c. CITY OR TOWN <u>Lockwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Gen. Del.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
---	--	---	--

<b>3. NAME OF DECEASED</b> (Type or print) First <u>RUTH</u> Middle <u>H.</u> Last <u>DAY</u>			<b>4. DATE OF DEATH</b> Month <u>April</u> Day <u>8,</u> Year <u>1962</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/7/1881</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
----------------------	-------------------------------	--	-----------------------------------	----------------------------------	-----------------	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Belleville, Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	--	--	---

13a. FATHER'S NAME <u>I. M. Pettit</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Garner</u>	14. NAME OF HUSBAND OR WIFE <u>A.F. Day (Deceased)</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <u>Mrs. E. G. Gilbert Lockwood, Mo.</u>
--	-------------------------------	---

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
---	---

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. 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 12/26/62 to 4/8/62 and last saw her alive on 4/8/62  
 Death occurred at 5:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Lee A. McNeely, M.D.</u>	22b. ADDRESS <u>Greenfield Mo</u>	22c. DATE SIGNED <u>4/9/62</u>
--	-----------------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/12/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Diamond, Missouri</u>
---	--------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS <u>Clark Funeral Home Neosho, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4/12/1962</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>
--	---	---

USE BLACK INK OR TYPEWRITER RIBBON  
 Lee A. McNeely, Jr., M.D.

DATE AMENDED: \_\_\_\_\_  
 ITEM NO. \_\_\_\_\_ SHOULD READ \_\_\_\_\_  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: \_\_\_\_\_  
 INSTEAD OF \_\_\_\_\_  
 DOCUMENT: \_\_\_\_\_  
 BY AFFIDAVIT OF \_\_\_\_\_

JUL 24 1962

APR 19 1962

JUL 19 1962

MAY 1 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 H. Wayne Severs, Student Embalmer No. 630

working under my personal supervision,

Student H. Wayne Severs  
Signature of Student Embalmer

Signed Fred L. Clark

Licensed Embalmer No. 5056  
312 S. Wood  
P. O. Address Neosho, 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.