MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015622
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 41

FILED MAY 15 1962

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sni A bar tswp
Length of stay in Ib 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Adams Road.
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY De Kalb
c. CITY OR TOWN Stewartsville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) none
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mildred Middle Last Wisdom
4. DATE OF DEATH Month May Day 5 Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH Apri 3 1885
9. AGE (last birthday) 77
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) Cook
10b. KIND OF BUSINESS OR INDUSTRY Resturant
11. BIRTHPLACE (City and state or country) Warsaw Mo
12. CITIZEN OF WHAT COUNTRY U S A.
13a. FATHER'S NAME Elizeha Yeager
13b. MOTHER'S MAIDEN NAME Mary Bailey
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs R. E Stephens Address 4716 Chapin KC MO

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) Cerebral encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 4 days
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 5/2/62 to 5/5/62 and last saw her alive on 5/4/62
Death occurred at 2:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C J Scott (Degree or title) MD
22b. ADDRESS 808 So 15 Blue Springs Mo
22c. DATE SIGNED 5/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE May 8 1962
23c. NAME OF CEMETERY OR CREMATORY Yeager Union Cem
23d. LOCATION (City, town, or county) Lincoln (State) Mo
24. FUNERAL DIRECTOR Webb Funeral Home ADDRESS Blue Springs Mo
25. DATE REC'D BY LOCAL REG. 5/5/62
26. REGISTRAR'S SIGNATURE M B Langford

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	7000		
2	0320		
3			
4	1		
5	3		
6			
7	0		
8	2		
9	332X		
10			
11			
12	90-0		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

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 _____ Signed William Freer
Signature of Student Embalmer

Licensed Embalmer No. 4733

P. O. Address Blue Springs 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.