

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015874
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 36

FILED MAY 8 1962

VS 300 Rev. 4/59	DATE AMENDED	
10580		
205602		
3		
4 1		
5 1		
6		
7 0		
8 2		
9 420.1		
10	INSTEAD OF	
11		
12 90-2		
13 1-0		
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		
BY AFFIDAVIT OF _____		
MEDICAL CERTIFICATION		
DOCUMENT		
SHOULD READ		
ITEM NO.		

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EWING		c. CITY OR TOWN EWING	
Length of stay in 1b XXX		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXXXXXXX		d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXXXXXXXXXX	
3. NAME OF DECEASED (Type or print) SCELLA ELIZABETH HERRICK		4. DATE OF DEATH Month APRIL Day 30 Year 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/27/03
9. AGE (last birthday) 59yrs.		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXXXXXXXXXXXXX	
11. BIRTHPLACE (City and state or country) CONNELLVILLE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME OSCAR HUDSON		13b. MOTHER'S MAIDEN NAME MAHALLA SUMMERS	
14. NAME OF HUSBAND OR WIFE ROBEY HOWARD HERRICK		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year & date of service) NO	
16. SOCIAL SECURITY NO. XXXXXXXXXXXX		17. INFORMANT ROBEY HOWARD HERRICK, EWING, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism			INTERVAL BETWEEN ONSET AND DEATH 20 minutes
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.	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 Sept 1953 to 30 Apr 62 and last saw her alive on 29 Apr 62 Death occurred at D.O.A. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W Wilb D.O.		22b. ADDRESS Lewis town Mo	22c. DATE SIGNED 1 May 62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/2/62	23c. NAME OF CEMETERY OR CREMATORY LABELLE CEMETERY	23d. LOCATION (City, town, or county) (State) LABELLE, MISSOURI
24. FUNERAL DIRECTOR Charles L. Arnold, Jr.		25. DATE RECD. BY LOCAL REG. 5-2-'62	26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

MAY 9 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

Charles L. Arnold, Jr.

Licensed Embalmer No. #4667

P. O. Address LEWISTOWN, MISSOURI

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.