MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015950
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 96

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 7 1962

1. PLACE OF DEATH
a. COUNTY LIVINGSTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE
Length of stay in 1b: 1 WEEK
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY LIVINGSTON
c. CITY OR TOWN SAMPSEL TWP. Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 12 MI. N.W. of CHILLICOTHE Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: JULIAN Middle: Last: MANSFIELD
4. DATE OF DEATH Month: APRIL Day: 26 Year: 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/10/1879
9. AGE (last birthday): 83
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): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): LIVINGSTON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: RUBEN MANSFIELD
13b. MOTHER'S MAIDEN NAME: MARY JANE EWING
14. NAME OF HUSBAND OR WIFE: SAPHRONIA BILLS
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: EUGENE MANSFIELD Address: CHILLICOTHE, 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 Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — ?
DUE TO (c) Arteriosclerosis — ?
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 April 18-62, to April 26-62 and last saw him alive on April 25-62
Death occurred at 7:40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Joseph F. Gale (Degree or title) M.D.
22b. ADDRESS Chillicothe, Mo.
22c. DATE SIGNED 4-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4-29-62
23c. NAME OF CEMETERY OR CREMATORY LOCKSPRINGS CEMETERY
23d. LOCATION (City, town, or county) (State) LOCKSPRINGS, MISSOURI
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME ADDRESS Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG. Apr 27, 1962
26. REGISTRAR'S SIGNATURE Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1963
AUG 8 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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, 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.