

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-016145

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 345 Primary Registration District No. 3047 Registrar's No. 56

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10735

20600

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

1. FILED MAY 1 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY NEWTON		a. STATE Mo	b. COUNTY McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO		Length of stay in 1b 3 da	c. CITY OR TOWN ANDERSON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SALE MEM. Hosp		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT 3
3. NAME OF DECEASED (Type or print)		First RUTH	Middle Hinderhiter
5. SEX F		6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH 7-9-1880		9. AGE (last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY JAME PARSONS KANS.	12. CITIZEN OF WHAT COUNTRY W.S
13a. FATHER'S NAME WILLIAM G. GHOVER		13b. MOTHER'S MAIDEN NAME FRANCES GIBBON	
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. NONE	
17. INFORMANT CURTIS N HINDERHITER		Address ANDERSON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH N/A
IMMEDIATE CAUSE (a) Carcinomatosis			
DUE TO (b) Carcinoma of Thyroid Gland			
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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 4-20-62 to 4-21-62 and last saw her alive on 4-21-62			
Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Blankenship M.D.		22b. ADDRESS Neosho Mo.	
22c. DATE SIGNED 4-26-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-24-1962	
23c. NAME OF CEMETERY OR CREMATORY ANDERSON CEM		23d. LOCATION (City, town, or county) ANDERSON Mo	
24. FUNERAL DIRECTOR Humphrey & Son		25. DATE RECD. BY LOCAL REG. 4-26-62	
ADDRESS 7 Hawth		REGISTRAR'S SIGNATURE Melvin C. Bowman	
		by: N. Belka	

USE BLACK INK OR TYPEWRITER RIBBON

MAY 10 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 Mayne E Humphrey

Licensed Embalmer No. 4262

P. O. Address Quincyville 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.