MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017741
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1060
2022
3
4 0
5 0
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9 5701
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12 1-0
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Registration District No. 352 Primary Registration District No. _____ Registrar's No. 30

FILED MAY 14 1962

1. PLACE OF DEATH
a. COUNTY Taney County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson, Mo, Hospital — Length of stay in 1b: 16 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Memorial Hosp, — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Christian
c. CITY OR TOWN Highlandville, Mo — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Highlandville, Mo — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Harold Middle Gene Last Achor
4. DATE OF DEATH: Month 5 Day 4 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/15/1962
9. AGE (last birthday): 7 Weeks — 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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Taney County, Mo
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Ray Achor
13b. MOTHER'S MAIDEN NAME: Glenda Faye James
14. NAME OF HUSBAND OR WIFE
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: Ray Achor, Highlandville, Mo — Address

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) Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH: 1 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 2 da
DUE TO (c) Paralytic Illeus of Mesenteric Thrombosis — 10 da
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 4-13-62, to 5-4-62 and last saw her/him alive on 5-4-62
Death occurred at 5/4/62 10:P M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harley F. Mace
22b. ADDRESS: Forsyth Mo
22c. DATE SIGNED: 5-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/7/62
23c. NAME OF CEMETERY OR CREMATORY: Highalndville, Mo
23d. LOCATION (City, town, or county) (State): Chriatian Co, Mo

24. FUNERAL DIRECTOR: F. B. Chaffin, Ozark, Mo — ADDRESS
25. DATE RECD. BY LOCAL REG.: 5-11-62
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

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 F. B. Chaffee
Signature of Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark 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.