

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018153

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 646

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 11 1962

VS 300
Rev. 4/59
15117
28150
3
4 0
5 1
6
7 1
8 2
9/214
10
11
12-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF J.B. Swails, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY DONIPHAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Length of stay in 1b 20 HRS.	c. CITY OR TOWN WATHENA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI METHODIST HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) S. THIRD ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARVEY Middle I. Last STILES		4. DATE OF DEATH Month JUNE Day 2 Year 1962	
5. SEX MALE	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 JAN. 4, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER	9. AGE (last birthday) 80 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) SHENANDOAH, IOWA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ISAAC STILES		13b. MOTHER'S MAIDEN NAME ANNA CLIFTON	
14. NAME OF HUSBAND OR WIFE MYRTLE STILES		17. INFORMANT MYRTLE STILES Address WATHENA, KANSAS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Valvular Heart Lesion DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 <u>1:15 p.m. Jan. 20, 1962</u> to <u>June 2, 1962</u> and last saw him alive on <u>June 2, 1962</u> . Death occurred at <u>1:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John B. Swails M.D. (Dr. or title)		22b. ADDRESS Wathena Kansas	
22c. DATE SIGNED June 4, 62		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE JUNE 2, 1962		23c. NAME OF CEMETERY OR CREMATORY BELLEMONT CEMETERY	
23d. LOCATION (City, town, or county) WATHENA KANSAS		24. FUNERAL DIRECTOR HARMAN FUNERAL HOME ADDRESS WATHENA, KANSAS	
25. DATE RECD. BY LOCAL REG. June 5, 1962		26. REGISTRAR'S SIGNATURE Wm. Clark Goodall	

JUN 19 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 M. Zerman

Licensed Embalmer No. 4487

P. O. Address Wathonia, Ga

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.