

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018265

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. ~~504011~~ Primary Registration District No. 4071 Registrar's No. 26

DO NOT WRITE ON THIS STUD

AMENDED

FILED MAY 28 1962

VS 300
Rev. 4/59

1 0150
2 0150g
3
4 0
5 3
6
7 1
8 2
9 4200F
10
11
12 90-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Camdenton</u>		c. CITY OR TOWN <u>Camdenton</u>	
Length of stay in lb <u>5 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At-Home</u>		d. STREET ADDRESS (if outside, give location) <u>119 Clint Avenue</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Francis (Frank) Lorren Mount</u>		4. DATE OF DEATH Month Day Year <u>May 21, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 1-1879</u>
9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific Railroad</u>	
11. BIRTHPLACE (City and state of country) <u>Blandville Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James M. Mount</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Stephens</u>	
14. NAME OF HUSBAND OR WIFE <u>?</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT <u>Mrs Robert H. Reed, Camdenton Mo.</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerotic Heart Disease with Myocardial Degeneration and Cardiac Failure</u> DUE TO (b) <u>Arterio-sclerosis Generalized</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u> <u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ulcers, both legs from old burns</u>			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>July 19 1961</u> to <u>May 21 1962</u> and last saw him alive on <u>May 21 1962</u> Death occurred at <u>10:45 PM May 21, 62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In free or title) <u>Thos. A. Wayland M.D.</u>		22b. ADDRESS <u>Camdenton, Missouri</u>	
22c. DATE SIGNED <u>5-23-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>May 23, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Sedalia, Mo.</u>		24. FUNERAL DIRECTOR <u>Robert H. Reed, Camdenton, Mo.</u> ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>May 23-1962</u>		26. REGISTRAR'S SIGNATURE <u>Zilpha J. Drow.</u>	

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camden, 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.