

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018599

FILED MAY 21 1962 118

Registration District No. \_\_\_\_\_ Primary Registration District No. 4190 Registrar's No. 16

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0370

2 0370

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4 0

5 1

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7 0

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9 4200

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12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY Gasconade  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blond Length of stay in 1b 50 yrs  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT home Inside Limits Yes  No

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

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Richard Earl Jose May 13-1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Jan 31-1885 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
57 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Member 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and state or country) Merics County Mo. U.S.A. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME William R. Jose 13b. MOTHER'S MAIDEN NAME Mary Ellis 14. NAME OF HUSBAND OR WIFE Hizzie Proctor Jose

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. [redacted] 17. INFORMANT Address 392 Russel Jose - Blond - Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cardiac Arrest INTERVAL BETWEEN ONSET AND DEATH  
 DUE TO (b) Cardiac Anoxia 7 min  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Coronary Occlusion - 1 hour

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerotic heart disease 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 Month, Day, Year  
 a.m. p.m.

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 5-9-59 to 5-13-62 and last saw him alive on 5-13-62  
 Death occurred at 1:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS Blond Mo 22c. DATE SIGNED 5/16/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE May 16-1962 23c. NAME OF CEMETERY OR CREMATORY Union Cemetery 23d. LOCATION (City, town, or county) (State) Blond - Mo.

24. GENERAL DIRECTOR Cherie Susan Blond - Mo ADDRESS Blond - Mo 25. DATE RECD. BY LOCAL REG. May 16, 1962 26. REGISTRAR'S SIGNATURE Mrs. Maurin Jappmeyer

USE BLACK INK OR TYPEWRITER RIBBON

**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 Chester Rosemann

Licensed Embalmer No. 4128

P. O. Address Blond-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.