

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019390

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 28

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. <del>FILED</del> <b>FILED MAY 17 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Johnson</b>		a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Holden</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Latour</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Moreland Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>none</b>
3. NAME OF DECEASED (Type or print) First <b>Etta</b> Middle <b>M.</b> Last <b>Nichols</b>		4. DATE OF DEATH <b>May 11, 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-1-1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (last birthday) <b>92</b>
11a. FATHER'S NAME <b>William H. Duncan</b>		11b. MOTHER'S MAIDEN NAME <b>Mary Tryan</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		12b. SOCIAL SECURITY NO. <b>none</b>	
13a. FATHER'S NAME <b>William H. Duncan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Tryan</b>	
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		14b. SOCIAL SECURITY NO. <b>none</b>	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Housewife</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
16. FATHER'S NAME <b>William H. Duncan</b>		16b. MOTHER'S MAIDEN NAME <b>Mary Tryan</b>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17b. SOCIAL SECURITY NO. <b>none</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial infarction</b> DUE TO (b) <b>labor Pneumonia</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>48 hours</b>	
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 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.)	
21. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
22d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>May 9-62</b> to <b>May 11-62</b> and last saw her <sup>her</sup> alive on <b>5-11-62</b> Death occurred at <b>9:00A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Annis M. Hamburg Do</b>		22b. ADDRESS <b>Holden, Mo</b>	22c. DATE SIGNED <b>5-12-62</b>
23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-13-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hornsby cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Johnson County, Mo.</b>
24. FUNERAL DIRECTOR <b>E B CAST HOLDEN MO</b>		25. DATE RECD. BY LOCAL REG. <b>5-12-62</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Row</b>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 22 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 *[Signature]*

Licensed Embalmer No. 4059

P. O. Address Holden, 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.