

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019704

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 32

FILED MAY 22 1962

VS 300 Rev. 4/59

1 0730
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DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) Stella		Length of stay in 1b 11 Months	c. CITY OR TOWN Rural
c. FULL NAME OF (IF NOT in hospital, give location) Cardwell Memorial Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rocky Comfort
3. NAME OF DECEASED (Type or print) First Sarah Middle Jane Last Shearer		4. DATE OF DEATH Month April Day 30 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/15/1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (last birthday) 87
13a. FATHER'S NAME George Branson		13b. MOTHER'S MAIDEN NAME Not Known	11. BIRTHPLACE (City and state or country) Thula Missouri
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. None	12. CITIZEN OF WHAT COUNTRY USA
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Decompensation		17. INFORMANT Mollie M. Appliton Kansas City, Address	
DUE TO (b) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
DUE TO (c) Chronic Nephritis			
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 checked="" 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 1961 to April 30/62 and last saw her alive on April 30/62 Death occurred at 2:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.D. Jantzen R.D.		22b. ADDRESS Rocky Comfort	22c. DATE SIGNED 5/1/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/2/62	23c. NAME OF CEMETERY OR CREMATORY Anderson Cem.	23d. LOCATION (City, town, or county) (State) Anderson, Missouri
24. FUNERAL DIRECTOR W. David Eugene Webster, Mo.		25. DATE RECD. BY LOCAL REG. 5-11-62	26. REGISTRAR'S SIGNATURE Mildred Moberly

USE BLACK INK OR TYPEWRITER RIBBON

No. _____
 Name _____
 Sex _____
 Race _____
 Marital Status _____
 Occupation _____
 Date of Death _____
 Cause of Death _____
 Place of Death _____
 Name of Physician _____
 Name of Hospital _____
 Name of Funeral Home _____
 Name of Embalmer _____
 Date of Embalming _____
 Signature of Embalmer _____
 License No. _____
 P.O. Address _____
 City _____
 State _____
 Zip _____

VS MAY 28 1962
 SA

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 Wm Morris Rogue

Licensed Embalmer No. 2742

P. O. Address Wheeler, 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.

MISSOURI

2/2/62

BURIAL