

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019708

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 434 Registrar's No. 24

FILED MAY 22 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1 0730
2 0600
3
4 1
5 1
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7 0
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9 190.9
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11
12 1-2
13 1-0

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		Length of stay in 1b 3 Months	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Norma Middle Ruth Last Wilson		4. DATE OF DEATH Month May Day 8 Year 1962	
5. SEX Female	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 5/19/33
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Stella, Missouri
13a. FATHER'S NAME Jesse Richardson		13b. MOTHER'S MAIDEN NAME Twyla Cox	
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	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive, generalized Metastatic Melano Carcinoma-terminal		17. INFORMANT Bobby G. Wilson Address Stella, Mo.	
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 _____ Month, Day, Year _____ s.m. p.m.		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 <u>July 1961</u> to <u>May 8</u> and last saw her/him alive on <u>May 8, 1962</u> Death occurred at <u>3:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D.D. Mountain D.D.</u>		22b. ADDRESS <u>Stella, Mo.</u>	
22c. DATE SIGNED <u>5/12/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-10-62	23c. NAME OF CEMETERY OR CREMATORY Macadonia Cem.	23d. LOCATION (City, town, or county) (State) Stella, Missouri
24. FUNERAL DIRECTOR <u>Wm Morris Pope Wheaton Mo</u> ADDRESS <u>Stella, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-14-62</u>	
26. REGISTRAR'S SIGNATURE <u>Medred Mohrley</u>			

USE BLACK INK OR TYPEWRITER RIBBON

Name of Deceased: Lease Richardson
 Sex: Female
 Date of Death: May 23, 1962
 Cause of Death: None
 Place of Death: Stella, Mo.
 Name of Embalmer: Wm Morris Rogue
 License No.: 3442
 Address: Wheaton, Mo.

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. 3442

P. O. Address Wheaton, 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.

EM-1-6