

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021988

042

795

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED JUL 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15110
27150
3
4 1
5 1
6
7 1
8 2
9 X
10
11511
1291-3
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF CERTIFICATION

S.A. Melurey, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Champaign	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural: Marion Twp.		Length of stay in 1b	c. CITY OR TOWN Urbana
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 miles east of St. Joseph on Highway #36		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. #2
3. NAME OF DECEASED (Type or print) First BERNICE Middle IRENE Last CROSS		4. DATE OF DEATH Month July 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 8/19/12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher		10b. KIND OF BUSINESS OR INDUSTRY University	11. BIRTHPLACE (City and state or country) Colo.
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	12. CITIZEN OF WHAT COUNTRY USA
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. unknown	14. NAME OF HUSBAND OR WIFE Hiram F.
17. INFORMANT Mrs. Werbe Cross, Villa Grove, Illinois		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Shock Intracranial Hemorrhage at once DUE TO (b) Deep depressed frontal Skull Fracture at once DUE TO (c) One car auto accident. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Driver asleep, car hit concrete Bridge Railing.			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.) Mo. Highway 36 1/10 mile west of Jct 36 and Buchanan Mo.	
20c. TIME OF INJURY Hour 4:55 a.m. Month, Day, Year 7-8-62	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 Buchanan Mo.
21. I attended the deceased from _____ to _____ and last saw her/him on 7-8-62 Death occurred at 4:35 a. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S.A. Melurey, M.D.		22b. ADDRESS 214 Kirkpatrick Bldg Saint Joseph 8, Mo	22c. DATE SIGNED 7-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7/11/1962	23c. LOCATION (City, town, or county) (State) Urbana Illinois	
24. FUNERAL DIRECTOR Walter Bowman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. July 11, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

JUL 27 1962

JUL 24 1962

FEB 27 1963

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph 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.