

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-62-022359
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 62

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 25 1962

VS 300
Rev. 4/59

1 0251

2 0440

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12 1-2

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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 Clinton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Holt | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron | | Length of stay in lb 3 wks. | c. CITY OR TOWN Craig, |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Comm.Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) General Del. |
| 3. NAME OF DECEASED (Type or print) First UNA Middle V. Last McDANIEL | | 4. DATE OF DEATH Month June Day 17, Year 1962 | |
| 5. SEX Female | 6. COLOR OR RACE Cauc. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-30-1892 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 9. AGE (last birthday) 69 |
| 13a. FATHER'S NAME Filmore Parrish | | 13b. MOTHER'S MAIDEN NAME Viola Williams | 11. BIRTHPLACE (City and state or country) Craig, Mo. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Mrs. Franklin Bowness, Cameron, Mo. | |
| 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 Infarction, Massive | | | INTERVAL BETWEEN ONSET AND DEATH 5 min. |
| DUE TO (b) Myocardial Decompensation | | | 7 days. |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart disease | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) | |
| 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 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 6-7-62 to 6-17-62 and last saw her alive on 6-17-62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>[Signature]</i> | | (Degree or title) D.O. | 22c. DATE SIGNED 6-18-62 |
| 22b. ADDRESS Cameron, Mo. | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal. | 23b. DATE 6-17-1962 | 23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge | 23d. LOCATION (City, town, or county) (State) Fairfax, Mo. |
| 24. FUNERAL DIRECTOR Schooler Funeral Home, Craig, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 6-20-62 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

USE BLACK INK OR TYPEWRITER RIBBON

JUN 26 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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.