MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-024143
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0808
2 0800
3
4 0
5 2
6
7 0
8 2
9 4200
10
11
12 1-0
13 1-0

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

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 232

FILED JUN 18 1962

1. PLACE OF DEATH
a. COUNTY PETTIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA — Length of stay in 1b: 1 WEEK.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOTHWELL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY PETTIS
c. CITY OR TOWN LA MONTE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGE Middle WILLIAM Last WANDES
4. DATE OF DEATH: Month 6 Day 15 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-30-1888
9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): LA MONTE Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: RILEY WANDES
13b. MOTHER'S MAIDEN NAME: ALICE DRUMMOND
14. NAME OF HUSBAND OR WIFE: KATE SPOTTENWANDES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS LENA WITTLE Address: LA MONTE Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —
DUE TO (c) —
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 7, 1962 to 15 June 1962 and last saw her/him alive on 15 June 62
Death occurred at 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David L. Edwards MD (Degree or title) — 22b. ADDRESS Sedalia Mo — 22c. DATE SIGNED 6-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-18-62
23c. NAME OF CEMETERY OR CREMATORY: LA MONTE CEMETERY
23d. LOCATION (City, town, or county): LA MONTE (State): Mo

24. FUNERAL DIRECTOR: MOORE FUNERAL HOME — ADDRESS: LA MONTE Mo (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: 6-16-62
26. REGISTRAR'S SIGNATURE: Nancy Anderson, Deputy

AUG 8 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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.