MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025781
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 97

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1080
2 1085
3
4 1
5 0
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7 1
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9 491X
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12 93-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 10 1962

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada, Missouri
Length of stay in Ib: 5mos. 29days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #3
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada, Missouri
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 402 S. Cedar
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: AManda Middle: Jane Last: Myers

4. DATE OF DEATH: Month 7 Day 2 Year 1962

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3/30/1885

9. AGE (last birthday): 77yrs.
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): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Indiana

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph W. Myers

13b. MOTHER'S MAIDEN NAME: Mary Decoursey

14. NAME OF HUSBAND OR WIFE: None

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.: None

17. INFORMANT: Hospital Records Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
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): General Arteriosclerosis
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. Staff attended the deceased from 1/3/62 to 7/1/62 and last saw her/him alive on 7/1/62
Death occurred at 12:33 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
I viewed the remains:

22a. SIGNATURE: Hildo Mungusha M.D. (Degree or title)

22b. ADDRESS: State Hospital #3, Nevada, Mo.

22c. DATE SIGNED: 7/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/5/62

23c. NAME OF CEMETERY OR CREMATORY: Moore Cemetery

23d. LOCATION (City, town, or county) (State): Nevada, Missouri

24. FUNERAL DIRECTOR: Eichinger--Milster Funeral Home ADDRESS: Nevada Missouri

25. DATE RECD. BY LOCAL REG.: 7-7-62

26. REGISTRAR'S SIGNATURE: Anna S. Ferry

(Licensed Embalmer's Statement on Reverse Side)

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 Percy F. McIlster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.