MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-025993
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0109
2 0700,
3
4 1
5 0
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7 0
8 2
9 7735
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12 2-0
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 408

FILED JUL 23 1962

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b: 9 hrs, 12m
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: U.M.M.C.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Montgomery
c. CITY OR TOWN: Wellsville
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Route 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ----- Middle ----- Last: Angel

4. DATE OF DEATH: Month July Day 14 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/14/62
9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours 9 Min. 12

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): Columbia, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Wesley Allen Angel
13b. MOTHER'S MAIDEN NAME: Darlene Elizabeth Smith
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Hospital Record
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): Respiratory Center Depression
Respiratory Center Immaturity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Respiratory Center Immaturity
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 9 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Product of 6 month gestation

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 2:28 AM 7/14/62 - 11:40 PM and last saw her him alive on 7/14/62
Death occurred at 11:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert J Harris MD
22b. ADDRESS: University Hospital Columbia Mo
22c. DATE SIGNED: 7/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 7-20-62
23c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
23d. LOCATION (City, town, or county) (State): Columbia Mo.

24. FUNERAL DIRECTOR ADDRESS: R E D Johnston Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: July 20 1962
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.