

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-027705

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 127

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 10 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA		Length of stay in 1b YRS	c. CITY OR TOWN AURORA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 113 JASPER ST.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 113 JASPER ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DELLA BERNIECE MAXWELL			4. DATE OF DEATH Month (4) Day Year August 4, 1962
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/3/92
9. AGE (last birthday) 70		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) McDOWELL, MO.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME CALVIN DRYER	
13b. MOTHER'S MAIDEN NAME AMY ETHERIDGE		14. NAME OF HUSBAND OR WIFE *** **	
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. *** **	17. INFORMANT Address MONTIE J. MAXWELL: AURORA, 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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 30 minutes
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. <input type="checkbox"/> Yes <input 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 August 4, 1962 and last saw her alive August 4, 1962 Death occurred at 12:25 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Samuel L. Halsey MD.		22b. ADDRESS Aurora, Missouri	22c. DATE SIGNED 8/6/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/8/62	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY	23d. LOCATION (City, town, or county) AURORA, MO.
24. FUNERAL DIRECTOR ADDRESS ARNOLD'S FUNERAL HOME: AURORA, MO.		25. DATE RECD. BY LOCAL REG. 8-6-62	26. REGISTRAR'S SIGNATURE George Langley <i>per P. Phillips</i>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 30 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 James A. Crafton
Licensed Embalmer No. 4668

P. O. Address Acwra, 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.

Approved 8-6-62 Pending