

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029864

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 63

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1140  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Wright</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mansfield</b>  |   | Length of stay in 1b <b>2 weeks</b>  | c. CITY OR TOWN <b>Liberal</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>The Mansfield Hospital</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>N. Main St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>               |
| 3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Catherine</b> Last <b>Lakin</b>   |   |  | 4. DATE OF DEATH Month <b>July</b> Day <b>11</b> Year <b>1962</b>   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>Feb. 8, 1886</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday) <b>76</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  |
| 11. BIRTHPLACE (City and state or country) <b>Barton County, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>  |   |
| 13a. FATHER'S NAME <b>John J. Wright</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Mary E. York</b>  | 14. NAME OF HUSBAND OR WIFE <b>Deceased</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |   | 16. SOCIAL SECURITY NO. <b>None</b>  | 17. INFORMANT Address <b>Mrs. Bob Mahaffey, Seymour, Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hepatic Coma</b><br>DUE TO (b) <b>Carcinoma of liver with metastasis</b><br>DUE TO (c) <b>about 7 wks</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>?</b>   |
| 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 Month, Day, Year<br>a.m. p.m.  |   | 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 <b>7-11-62</b> to <b>7-11-62</b> and last saw her <b>her</b> alive on <b>7-11-72</b><br>Death occurred at <b>6:20 A.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |   |
| 22a. SIGNATURE <b>Robert L. Sample, M. D.</b> (Degree or title) M.D.  |   | 22b. ADDRESS <b>Mansfield, Missouri</b>  | 22c. DATE SIGNED <b>7-19-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>7-14-62</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Shiloh Cemetery</b>  | 23d. LOCATION (City, town, or county) (State) <b>Liberal, Missouri</b>  |
| 24. FUNERAL DIRECTOR <b>Robert Bergman, Seymour, Mo.</b> ADDRESS  |   | 25. DATE RECD. BY LOCAL REG. <b>7/23/62</b>  | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i>  |

NOV 15 1962

SEP 11 1962

MAY 28 1963

**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 Max F Miller

Licensed Embalmer No. 4720

P. O. Address Manofield 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.