

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031745

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 58-62

FILED AUG 28 1962

1. PLACE OF DEATH a. COUNTY McDonald			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald		
b. CITY (If outside corporate limits, give TOWNSHIP only) Pineville		Length of stay in 1b Lifetime	c. CITY OR TOWN Pineville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION New Town			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Pineville, Mo.	
3. NAME OF DECEASED (Type or print) First Mattie Middle M. Last Bethel			4. DATE OF DEATH Month August Day 19 Year 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 9-4-1870	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Pineville, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Zack Baker		13b. MOTHER'S MAIDEN NAME Jane Kesse		14. NAME OF HUSBAND OR WIFE Deceased	
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. Never	17. INFORMANT Address Faye Inman, Webb City, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Congestive heart failure					
DUE TO (b) Essential Hypertension					
DUE TO (c) arteriosclerosis					
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 checked="" 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 May 6th '62 to Aug 18th '62 and last saw her/him alive on Aug 18 '62 Death occurred at 4 pm 8/18/62 m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. G. Blair (Degree or title)			22b. ADDRESS Pineville Mo		22c. DATE SIGNED 8/22/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-21-1962	23c. NAME OF CEMETERY OR CREMATORY Pineville Cemetery		23d. LOCATION (City, town, or county) (State) Pineville, Missouri	
24. FUNERAL DIRECTOR ADDRESS HUMPHREY FUNERAL HOME, Pineville, Mo.			25. DATE RECD. BY LOCAL REG. AUGUST 23, 1962	26. REGISTRAR'S SIGNATURE Mary G. Bradley	

VS 300 Rev. 4/59
0600
3600
3
4 1
5 2
6
7 0
8 2
9443X
10
11
1290-2
13 1-0

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 30 1962

Permit ISSUED 8/21/62

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 Douglas D. Mooney, Student Embalmer No. 668 working under my personal supervision.

Student Douglas D. Mooney
Signature of Student Embalmer

Signed Wayne A. Woodard

Licensed Embalmer No. 5172

P. O. Address Neesh, 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.