

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031778

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED SEP 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

3	
4	0
5	0
6	
7	1
8	2
9	850X
10	42
11	81.2
12	91-3
13	1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Adams</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Quincy</b>		c. CITY OR TOWN <b>Quincy</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>Mississippi River</b>		d. STREET ADDRESS (If outside, give location) <b>12 North Grand View</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>KEVIN JAMES ANCELL</b>		4. DATE OF DEATH Month Day Year <b>September 2, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>February 2, 1956</b>
9. AGE (last birthday) <b>6</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>6</b> Hours <b>5</b> Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Quincy Illinois</b>
12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		13a. FATHER'S NAME <b>Earl Ancell</b>	
13b. MOTHER'S MAIDEN NAME <b>Loretta Harlow</b>		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)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Earl Ancell Quincy Illinois</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Drowning</b>			INTERVAL BETWEEN ONSET AND DEATH <b>none</b>
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Fell from Boat</b>	
20c. TIME OF INJURY Hour <b>5:00</b> p.m. Month, Day, Year <b>9-2-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Mississippi River</b>		20f. CITY, TOWN, OR LOCATION <b>Quincy</b>	COUNTY <b>ADAMS</b> STATE <b>Ill.</b>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <b>Found 9/5/1962</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Wesley E. Brown Sheriff-Acting Coroner</b>		22b. ADDRESS <b>Palmyra, Missouri</b>	22c. DATE SIGNED <b>9-7-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 6, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenmount Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Quincy Illinois</b>
24. FUNERAL DIRECTOR <b>Daugherty Memorial Quincy Illinois</b>		25. DATE RECD. BY LOCAL REG. <b>9-7-62</b>	26. REGISTRAR'S SIGNATURE <b>Em. Luada</b>

NOV 22 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 This body was not embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John S. Strong

Licensed Embalmer No. 3021 4540

P. O. Address Hannibal, 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.