MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-031974
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0808
2 0800
3
4 1
5 0
6
7 0
8 1
9 754.2
10
11
12 1-0
13 1-0

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. 274 Primary Registration District No. 3022 Registrar's No. 333

FILED SEP 14 1962

1. PLACE OF DEATH
a. COUNTY PETTIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA — Length of stay in Ib 6 DAYS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOTHWELL — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First RUTH Middle HELEN Last HAND

4. DATE OF DEATH Month 9 Day 10 Year 1962

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-4-62

9. AGE (last birthday) — IF UNDER 1 YEAR: Months — Days 6 — IF UNDER 24 HR: Hours — Min.

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) SEDALIA Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME LAWRENCE L. HAND

13b. MOTHER'S MAIDEN NAME MARY SKAGGS

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT L. L. HAND Address HOUSTONIA 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) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Intraventricular Septal Defect — 5 days
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. ☐ 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 Sep. 4. 1962, to 10 Sep. 62 and last saw her/him alive on 10 Sep 62
Death occurred at 8:30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David R. Edwards M.D. (Degree or title)
22b. ADDRESS Sedalia Mo
22c. DATE SIGNED 10 Sep 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-12-62
23c. NAME OF CEMETERY OR CREMATORY Houstonia Cemetery
23d. LOCATION (City, town, or county) Houstonia (State) Mo

24. FUNERAL DIRECTOR Moore Funeral Home ADDRESS Houstonia Mo
25. DATE RECD. BY LOCAL REG. Sept 13, 1962
26. REGISTRAR'S SIGNATURE Frances Shelby per W. Anderson

(Licensed Embalmer's Statement on Reverse Side)

no permit issued

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.