

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033594

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 216

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0047

2 0040

3

4 1

5 2

6

7 1

8 2

9 420.1

10

11

12 1-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in lb 4 hrs.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain		c. CITY OR TOWN Laddonia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS RR #2 (If outside, give location)				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Minna Middle Concordia Last Roth						4. DATE OF DEATH Month Sept. Day 30 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 1-25-1882		9. AGE (last birthday) 80		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) housekeeper				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Hammel, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Fredrick Hagedorn				13b. MOTHER'S MAIDEN NAME Christine Zimmerschied				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 none				16. SOCIAL SECURITY NO.		17. INFORMANT Beulah Roth Laddonia, Mo. Address									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction										INTERVAL BETWEEN ONSET AND DEATH 4 hrs					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Coronary Heart Disease		DUE TO (c)		Interval between onset and death unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus										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 9-30-62 to 9-30-62 and last saw her alive on 9-30-62 Death occurred at 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE Ernest S Gault MD (Degree or title)						22b. ADDRESS Mexico, Mo			22c. DATE SIGNED 9-30-62						
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)							
Burial		Oct. 2, 1962		Elmwood Cemetery		Mexico, Mo.									
24. FUNERAL DIRECTOR Precht-Hueston Mexico, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. Oct. 2-1962		26. REGISTRAR'S SIGNATURE Blanche Neely									

USE BLACK INK OR TYPEWRITER RIBBON

Ernest S. Gault, M.D.

OCT 10 1962

OCT 16 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

Ralph L. Hueston

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.