

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035328

STATE FILE NUMBER

Registration District No. 382 Primary Registration District No. 5655 Registrar's No. 162

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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20490

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 11 1962	
1. PLACE OF DEATH	
a. COUNTY Lawrence	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon	a. STATE Mo. b. COUNTY Jasper
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bliss Haven Rest Home	c. CITY OR TOWN Jasper Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS 10 mi. SW of Golden City Rural Rte. 1	d. STREET ADDRESS (If outside, give location) 10 mi. SW of Golden City Rural Rte. 1 Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Maudie	Middle Marie
Last Hill	
4. DATE OF DEATH	
Month October Day 2 Year 1962	
5. SEX Female	6. COLOR OR RACE white
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/6/1906
9. AGE (last birthday) 56	
IF UNDER 1 YEAR IF UNDER 24 HR	
Months	Days
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	
11. BIRTHPLACE (City and state or country) Ottuma, Iowa	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Josiah C. Hill	
13b. MOTHER'S MAIDEN NAME Maudie Myers	
14. NAME OF HUSBAND OR WIFE None	
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. UNKNOWN	
17. INFORMANT John E. Hill	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Inanition & Debilitation	
DUE TO (b) Malnutrition	
DUE TO (c) Psychosis	
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. 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 Sept 27 1962 to Oct 1 1962 and last saw her alive on Oct 2 1962	
Death occurred at 5:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree title) Harold E. George D.D.	
22b. ADDRESS Mt Vernon Mo	
22c. DATE SIGNED 10/2/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 10-2-62	
23c. NAME OF CEMETERY OR CREMATORY Dudenville Cemetery	
23d. LOCATION (City, town, or county) (State) Dade Co., Mo.	
24. FUNERAL DIRECTOR ADDRESS Phillips Funeral Home Golden City, Mo.	
25. DATE RECD. BY LOCAL REG. 10-3-62	
26. REGISTRAR'S SIGNATURE Roy Guenther/RW	

USE BLACK INK OR TYPEWRITER RIBBON

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 May L. Fossett

Licensed Embalmer No. 4252

P. O. Address W. Vernon, 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.