

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035513

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 5808 Registrar's No. 123

FILED OCT 4 1962

VS 300  
Rev. 4/59

1070-0  
20700

3  
4 0  
5 2  
6  
7 0  
8 2  
94200

10  
11  
1286-2  
132-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Montgomery</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>Montgomery</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jonesburg</u>		c. CITY OR TOWN <u>Jonesburg</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mary's Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>Mary's Nursing Home</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>Walter</u> Middle <u>(NMI)</u> Last <u>Sayers</u>		Month <u>Sept.</u> Day <u>27</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 25, 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired rail road</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>rail road</u>	11. BIRTHPLACE (City and state or country) <u>Linn. Co., Mo</u>
13a. FATHER'S NAME <u>Alexander Sayers</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Morris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Lois Hamm, Warrenton, Mo</u>		Address	
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) <u>Presumed Myocardial Infraction</u>			<u>2 days</u>
DUE TO (b) <u>Coronary Artery Disease</u>			<u>Several months</u>
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>			<u>Several years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis. Senility</u>			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 <u>5:45 p.</u> Month, Day, Year <u>Sept. 25, 1962</u>		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 <u>Sept. 25, 1962</u> to <u>Sept. 27, 1962</u> and last saw her/him alive on <u>Sept. 26, 1962</u>		Death occurred at <u>5:45 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>C. H. Thompson D.O.</u>		22b. ADDRESS <u>New Florence, Mo</u>	
22c. DATE SIGNED <u>9-29-62</u>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 30, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Benton Cemetery</u>	
24. FUNERAL DIRECTOR <u>Howard F. Myers, Wellsville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-29-62</u>	
26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>			

**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 Howard J. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.