

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-635540

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 247 Primary Registration District No. 4368 Registrar's No. 13

FILED OCT 2 1962

VS 300
Rev. 4/59

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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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Newton		a. STATE Mo b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentworth		c. CITY OR TOWN Wentworth Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb 25 years		d. STREET ADDRESS (If outside, give location) N Hi-way 37 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N Hi-way 37		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED		4. DATE OF DEATH	
First Middle Last William Albert Mettlach		Month Day Year 9 25 1962	
5. SEX Male	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 1/24/1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Lawrence County, Mo.
13a. FATHER'S NAME Joe Mettlach		13b. MOTHER'S MAIDEN NAME Mathilde Gripka	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. R.F. Blinzler Wentworth, Mo.	
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) Hypertensive cardio-vascular-renal disease		6-12-61	
DUE TO (b) Duration not known			
DUE TO (c) first seen			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes		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 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 5-15-1961 to 9-25-1962 and last saw him alive on 9-25-1962			
Death occurred at 8:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert McQuilley M.D. (Degree or title)		22b. ADDRESS Monett, Missouri	
22c. DATE SIGNED 9-27-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/28/1962	23c. NAME OF CEMETERY OR CREMATORY St Marys	
23d. LOCATION (City, town, or county) Pierce City, Mo.		(State)	
24. FUNERAL DIRECTOR Wm. J. Wassell ADDRESS Pierce City, Mo.		25. DATE RECD. BY LOCAL REG. Sept 28, 1962	
		26. REGISTRAR'S SIGNATURE M. R. Young	

OCT 3 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 me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. Gordon Bennett _____

Licensed Embalmer No. 4213 _____

P. O. Address Mount Erie _____

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.