

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035651

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 266

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb lifetime
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 720 East 14th Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1720 East 14th Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND L. MOMBERG
 4. DATE OF DEATH Month Day Year October 11, 1962
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10/27/08 9. AGE (last birthday) 53 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) Painter 10b. KIND OF BUSINESS OR INDUSTRY R.R. Shops 11. BIRTHPLACE (City and state or country) Sedalia, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph B. Momberg 13b. MOTHER'S MAIDEN NAME Augusta Bohling Momberg 14. NAME OF HUSBAND OR WIFE Mildred Ethridge Momberg
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. not given 17. INFORMANT Address Mrs. Mildred Momberg, 720 East 14th Sedalia, 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) Coronary infarction
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis
 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 10-10-62 to 10-11-62 and last saw ^{her}him alive on 10-10-62
 Death occurred at 5:00 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Sedalia Mo 22c. DATE SIGNED 10-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/13/62 23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery 23d. LOCATION (City, town, or county) (State) Sedalia, Mo.

24. FUNERAL DIRECTOR ADDRESS [Signature] Sedalia, Mo. 25. DATE RECD. BY LOCAL REG. Oct 12, 1962 26. REGISTRAR'S SIGNATURE [Signature]

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seclavia, 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.