

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037739

DO NOT WRITE ON THIS STUB

AMENDED

Filed NOV 15 1962 Primary Registration District No. 1000 Registrar's No. 1266

STATE FILE NUMBER

VS 300
Rev. 4/59

1 5117
2 5117
3 2
4 1
5 2
6
7 0
8 2
9 9
10
11
12 2-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b over 30 yrs	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1523 No. 2nd St.
3. NAME OF DECEASED (Type or print) First Middle Last ADA L POLAND		4. DATE OF DEATH Month Day Year November 11 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 7/13/1883
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		9b. KIND OF BUSINESS OR INDUSTRY Home	9c. AGE (last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Home	10c. BIRTHPLACE (City and state or country) Macon Missouri
11. BIRTHPLACE (City and state or country) Macon Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Robert F. Oxley		13b. MOTHER'S MAIDEN NAME Melcina Jane Butler	14. NAME OF HUSBAND OR WIFE Deceased
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. [Redacted]	17. INFORMANT Mrs. Lawrence Hepple
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 36 hours	
DUE TO (b) Uremia		3 wks	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Quodnodal ulcer - Hypertrophic Arteriosclerosis		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.	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 Jan 59 to 11-11-62 and last saw her alive on 11-11-62 Death occurred at 11:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. Mothershead Mm		22b. ADDRESS 2603 Fredrick	22c. DATE SIGNED 11-12-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial	23b. DATE 11/13/62	23c. NAME OF CEMETERY OR CREMATORY Highridge Cemetery	23d. LOCATION (City, town, or county) (State) Stanberry Missouri
24. FUNERAL DIRECTOR Stoney Funeral Home St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 13, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF J. Mothershead

Permit record 11/13/62

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 *Charles E. Bennett*

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.