

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038000
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 66 Primary Registration District No. 4107 Registrar's No. 104

FILED NOV 13 1962

VS 300
Rev. 4/59

1 0201

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94200

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Spgs Mo.		c. CITY OR TOWN Eldorado Spgs Mo.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Co Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Spring Inn Motel
3. NAME OF DECEASED (Type or print) First Maude Middle E Last Owen			4. DATE OF DEATH Month Nov. Day 4 Year 1962
5. SEX female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/3/1881
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Cottonwood Falls Kansas
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME M P. Strail	
13b. MOTHER'S MAIDEN NAME Nancy Starke		14. NAME OF HUSBAND OR WIFE Joseph S Owen	
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. none	17. INFORMANT Joseph S Owen, Eldorado Spgs 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) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 7 days
DUE TO (b) Arterio-sclerosis heart disease			1 year +
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. <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 Month, Day, Year -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 her	COUNTY STATE
21. I attended the deceased from 10/28/62 to 11/4/62 and last saw her alive on 11/4/62 Death occurred at 1 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Culver Underwood</i>		22b. ADDRESS Eldorado Springs Missouri	22c. DATE SIGNED 11/6/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/7/62	23c. NAME OF CEMETERY OR CREMATORY Cottonwood Falls Cem.	23d. LOCATION (City, town, or county) (State) Cottonwood Falls Kansas
24. FUNERAL DIRECTOR Culver Underwood, Butler Mo.		25. DATE RECD. BY LOCAL REG. 11-6-62	26. REGISTRAR'S SIGNATURE <i>Jac E. Underwood</i>

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 Robert H. Steinlauf

Licensed Embalmer No. 4657

P. O. Address Butler, 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.

Permit Obtained 11-6-62