

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041426

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 6284 Registrar's No. 571

FILED OCT 22 1962	
1. PLACE OF DEATH	
a. COUNTY Wright	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wood Township	a. STATE Mo. b. COUNTY Wright
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route # 1	c. CITY OR TOWN Norwood Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS Route # 1	d. STREET ADDRESS (If outside, give location) Route # 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First Wancy	Middle Mill
4. DATE OF DEATH October 12, 1962	
5. SEX Female	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 12/21/59
9. AGE (last birthday) 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Cabool, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Noble Hill	
13b. MOTHER'S MAIDEN NAME Mollie Price	
14. NAME OF HUSBAND OR WIFE N/A	
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. N/A	
17. INFORMANT Noble Hill Address Norwood, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Accidental death from burning	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Burned to death when home was destroyed by fire	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" 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 2:00 a.m. Month, Day, Year 10-12-62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION Norwood COUNTY (Wright) STATE Missouri	
21. I attended the deceased from 2:00 A.M. to 2:00 A.M. and last saw her/him alive on 10-12-62 . Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Wm. C. Craig (Degree or title) M.D.	
22b. ADDRESS Wm. C. Craig M.D. 10-15-62	
22c. DATE SIGNED 10-15-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10/14/62	
23c. NAME OF CEMETERY OR CREMATORY Willow Springs Cemetery	
23d. LOCATION (City, town, or county) (State) Mtn. Grove, Missouri	
24. FUNERAL DIRECTOR Ewell C. Craig ADDRESS Mtn. Grove, Mo.	
25. DATE RECD. BY LOCAL REG. 10-15-1962 REGISTRAR'S SIGNATURE Bernice L. Liberman	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
11140
21140
3
4 1
5 0
6
7 0
8 2
9 9160
10 16
11 114
12 90-3
13 2-0

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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

not embalmed
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.