

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041462

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 364

FILED DEC 3 1962

VS 300 Rev. 4/59

10017

20616

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 8 mos.	c. CITY OR TOWN LaPlata Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Nursing Home No. 2		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) LaPlata Missouri Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ethel Middle Marie Last Saunders			4. DATE OF DEATH Month November Day 18 Year 1962
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/7/94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwf		10b. KIND OF BUSINESS OR INDUSTRY Hwf	9. AGE (last birthday) 68 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
11a. BIRTHPLACE (City and state or country) Goring, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Calvin Shriver		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Cunningham	14. NAME OF HUSBAND OR WIFE A Saunders deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <input type="checkbox"/>	17. INFORMANT Frank Shriver Goring, Mo Address
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure DUE TO (b) Intestinal Obstruction DUE TO (c) Undetermined Etiology			INTERVAL BETWEEN ONSET AND DEATH Sudden sleep.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Chorea chorea			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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 March 1962 to November 1962 and last saw her alive on November 17, 1962 Death occurred at 12:58 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George H. Scheurer, D.O.		22b. ADDRESS Kirksville	22c. DATE SIGNED 11-19-62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11/20/62	23c. NAME OF CEMETERY OR CREMATORY LaPlata Cemetery	23d. LOCATION (City, town, or county) (State) LaPlata Missouri
24. FUNERAL DIRECTOR Christie Funeral Service		ADDRESS LaPlata Mo	25. DATE RECD. BY LOCAL REG. 11-24-1962 26. REGISTRAR'S SIGNATURE Doris W. Rathff

USE BLACK INK OR TYPEWRITER RIBBON

Permit renewed Nov 19, 1962

GEORGE H. SCHEURER, D.D.

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 W.H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Highland 1110

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.