

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043631

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registered Death No. 2733 Primary Registration District No. 3057 Registrar's No. 161

FILED NOV 2 1962

VS 300  
Rev. 4/59

2790  
2790

3

4 1

5 1

6

7 0

8 2

94500

10

11

1290-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salem TWP</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Frohna</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Frohna Rte #1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>Rte #1</b>
3. NAME OF DECEASED (Type or print) First <b>Paula</b> Middle <b>Dorothy</b> Last <b>Miesner</b>		4. DATE OF DEATH Month <b>November</b> Day <b>12</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-3-01</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>61</b>
11. BIRTHPLACE (City and state or country) <b>Perry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Conrad Roth</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Schlimpert</b>	14. NAME OF HUSBAND OR WIFE <b>Alvin Miesner</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Alvin Miesner Frohna Rte #1, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac Failure</b> <b>Water Scum</b> DUE TO (b) <b>Coroner of Perry County, Mo.</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Natural Cause</b>			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. Month, Day, Year _____	<b>Natural Cause</b>		
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>Coroner of Perry County</b> to _____ and last saw her alive on <b>Coroner of Perry County</b> . Death occurred at <b>2:50 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Coroner of Perry County, Mo.</b>		22b. ADDRESS <b>Farrar</b>	22c. DATE SIGNED <b>11/13/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-15-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Salem Lutheran Cem.</b>	23d. LOCATION (City, town, or county) <b>Farrar Missouri</b>
24. FUNERAL DIRECTOR <b>Young &amp; Sons</b>		ADDRESS <b>Perryville Mo</b>	25. DATE RECD. BY LOCAL REG. <b>11-13-62</b>
		26. REGISTRAR'S SIGNATURE <b>Joel J. Zollner</b>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1963

**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 Wallace Young

Licensed Embalmer No. 7022

P. O. Address Perryville, 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.

FOR USE BY THE BOARD OF HEALTH OF THE STATE OF MISSOURI