

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 430

FILED NOV 29 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia		Length of stay in 1b 16 days.	c. CITY OR TOWN WARSAW
c. FULL NAME OF (If NOT in hospital, give location) Bothwell Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) White BRANCH
3. NAME OF DECEASED (Type or print) First Virginia Middle BRAZEALE Last		4. DATE OF DEATH Month NOV Day 22 Year 1962	
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 1, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 55
13a. FATHER'S NAME George Clammer		13b. MOTHER'S MAIDEN NAME Tella Clammer	14. NAME OF HUSBAND OR WIFE Gus Bazeal
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. unknown	17. INFORMANT Gus Bazeal
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Biliary obstruction, complete.		INTERVAL BETWEEN ONSET AND DEATH 20 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) extrinsic pressure of undetermined		DUE TO (c) etiology - carcinoma, pancreas, suspected.	
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 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 9:15 a.m. p.m.	Month, Day, Year 11-7-62	20f. CITY, TOWN, OR LOCATION Warsaw Missouri	
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 Warsaw Missouri	
21. I attended the deceased from 11-7-62 to 11-21-62 and last saw her 11-21-62 alive on Death occurred at 9:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 11/24/62	
22a. SIGNATURE E. B. Jones, M.D.		22b. ADDRESS Warsaw Missouri	22c. DATE SIGNED 11/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 25, 1962	23c. NAME OF CEMETERY OR CREMATORY Reinhardt Cemetery	23d. LOCATION (City, town, or county) (State) Warsaw Benton Co. Mo
24. FUNERAL DIRECTOR John F. Reese	ADDRESS Warsaw, Mo	25. DATE RECD. BY LOCAL REG. Nov 25, 1962	26. REGISTRAR'S SIGNATURE Frances Shelby per M. Underman

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

John F. Reser

Licensed Embalmer No.

4098

P. O. Address

Warsaw

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.