

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-046255**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 771 Primary Registration District No. 3012 Registrar's No. 131

**FILED DEC 18 1962**

VS 300  
Rev. 4/59

1/0001  
2/0012

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12 7-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Excelsior Springs</b>		Length of stay in lb <b>2 years</b>	c. CITY OR TOWN <b>Excelsior Springs</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Excelsior Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Royal Hotel</b>
3. NAME OF DECEASED (Type or print) First <b>Bert</b> Middle <b>M</b> Last <b>Hershey</b>		4. DATE OF DEATH Month <b>Nov</b> Day <b>30</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/1/1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Conductor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	9. AGE (last birthday) <b>86</b>
13a. FATHER'S NAME <b>John M Hershey</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Miller</b>	11. BIRTHPLACE (City and state or country) <b>Osage City, Kansas</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>Unknown</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
17. INFORMANT <b>Mr Will Hershey, Kansas City, Mo</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie Chapman</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>Cardiac Arrest</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Circulatory failure</b>			<b>sev. hrs.</b>
DUE TO (c) <b>General debility</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Intertrochanteric fracture- right femur -recent repair(2 days)</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.	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 <b>Nov. 12, 1962</b> to <b>Nov. 30, 1962</b> and last saw her/him alive on <b>Nov. 30, 1962</b> Death occurred at <b>12:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Phillip E King</b>		(Degree or title) <b>M. D.</b>	22b. ADDRESS <b>Excelsior Springs, Missouri</b>
22c. DATE SIGNED <b>12/2/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/3/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>	23d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, Mo</b>
24. FUNERAL HOME, ADDRESS <b>Excelsior Springs, Missouri</b>		25. DATE RECD/ BY LOCAL REG. <b>12/2/62</b>	26. REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>

USE BLACK INK OR TYPEWRITER RIBBON

JAN 14 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

*Lurline Jaxman*

Licensed Embalmer No. 4589

P. O. Address

*Excelsior Springs, 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.