

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046722
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 161

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 18 1962

VS 300
Rev. 4/59

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20470

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b 7 da	c. CITY OR TOWN Pilot Knob
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) General delivery
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MONTIE ELBERT MYRACLE			4. DATE OF DEATH Month Dec. Day 5 Year 1962		
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5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar 24 1889	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY rail road	11. BIRTHPLACE (City and state or country) Arcadia Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Milton Myracle	13b. MOTHER'S MAIDEN NAME Eva Lotz	14. NAME OF HUSBAND OR WIFE Rachel C. Myracle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT 9 Rachel Myracle, Pilot Knob Mo.
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18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolism.		INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombosis, rt. femoral artery		8 days
DUE TO (c) Atherosclerosis, general.		10 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gangrene, rt. lower leg.		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
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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.)
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20c. TIME OF INJURY Hour a.m. 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
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21. I attended the deceased from May 22, 1943 to Dec. 5, 1962 and last saw ^{her} him alive on Dec. 5, 1962
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Death occurred at 10.20 P/M on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Ben W. Bull, M.D.	22b. ADDRESS Ironton, Mo.	22c. DATE SIGNED 12-7-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-9-62	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park, Ironton Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.	25. DATE RECD. BY LOCAL REG. 12-7-62	26. REGISTRAR'S SIGNATURE Mrs Avis Jones
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USE BLACK INK OR TYPEWRITER RIBBON

JAN 16 1963

APR 9 1963

DEC 9 1962

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 Ausely White

Licensed Embalmer No. 3012

P. O. Address Spinton, 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.