MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-047810
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 294

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0745		
2	0740		
3			
4	1		
5	0		
6			
7	0		
8	2		
9	776X		
10			
11			
12	2-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Francis Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Stanberry — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. #3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Agnes Middle: Marie Last: Meyer

4. DATE OF DEATH Month 12 Day 28 Year 62

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-28-62

9. AGE (last birthday) 0 — IF UNDER 1 YEAR: Months 0 Days 0 — IF UNDER 24 HR: Hours 0 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Child

11. BIRTHPLACE (City and state or country) Maryville, Missouri

12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME William Joseph Meyer

13b. MOTHER'S MAIDEN NAME Agnes Ann Luke

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT x Mrs Agnes Meyer — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Immaturity and prematurity — INTERVAL BETWEEN ONSET AND DEATH 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12-28-62 to 12-28-62 and last saw her/him alive on 12-28-62
Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E R Jones MD (Degree or title)

22b. ADDRESS Maryville Mo

22c. DATE SIGNED 12-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 12/29/62

23c. NAME OF CEMETERY OR CREMATORY St. Mary's

23d. LOCATION (City, town, or county) (State) Maryville, Missouri

24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo — ADDRESS

25. DATE RECD. BY LOCAL REG. 12-29-62

26. REGISTRAR'S SIGNATURE Bess Bolt

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Elmer M. Price

Signature of Student Embalmer

Licensed Embalmer No. 1822

P. O. Address Maryville 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.