

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-047929

STATE FILE NUMBER

Registration District No. 375 Primary Registration District No. 3053 Registrar's No. 231

**DO NOT WRITE ON THIS STUB**

AMENDED

FILED DEC 18 1962

VS 300  
Rev. 4/59

10817  
203.30

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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 <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		c. CITY OR TOWN <b>Salem</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McFarland Nurseing Home</b>		d. STREET ADDRESS <b>RFD 1,</b>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>HUTCHINSON</b> Last <b>MAUZY</b>		4. DATE OF DEATH Month <b>December</b> Day <b>7</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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/24/1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	9. AGE (last birthday) <b>61</b>
13a. FATHER'S NAME <b>Harrison M. Mauzy</b>		13b. MOTHER'S MAIDEN NAME <b>Cinthia Skiles</b>	11. BIRTHPLACE (City and state or country) <b>Dent County, Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
17. INFORMANT <b>James Mauzy</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
17. ADDRESS <b>Salem, 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>Coronary Thrombosis</b>	
DUE TO (b)		INTERVAL BETWEEN ONSET AND DEATH <b>5 min</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>Rolla Mo</b>	
20f. COUNTY <b>Dent</b>		20f. STATE <b>Mo</b>	
21. I attended the deceased from <b>Jan 1962</b> to <b>Dec 7, 1962</b> and last saw him alive on <b>Dec 7, 1962</b> Death occurred at <b>8 P. m</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. F. Anderson</b> (Degree or title) <b>Tru</b>		22b. ADDRESS <b>Rolla Mo</b>	
22c. DATE SIGNED <b>12/8/62</b>		22c. DATE SIGNED (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12/8/1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Lt. Herman Cemetary</b>		23d. LOCATION (City, town, or county) <b>Salem, Mo.</b>	
24. FUNERAL DIRECTOR <b>Spencer Funeral Home Inc., Salem, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 8, 1962</b>	
24. ADDRESS		26. REGISTRAR'S SIGNATURE <b>Nadene L. Stoll</b>	

USE BLACK INK OR TYPEWRITER RIBBON

DEC 19 1962

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**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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.