MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-047982
STATE FILE NUMBER

FILED DEC 26 1962

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 147

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0850
2 0850 2
3
4 1
5 2
6
7 0
8 2
9 4201
10
11
12 90-3
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cullen
Length of stay in 1b: ---
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rt #2
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Waynesville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Rt #2
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Rosa Middle: B Last: Phillips

4. DATE OF DEATH: Month: Dec Day: 20 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-23-1881
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Phelps County Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James Helms
13b. MOTHER'S MAIDEN NAME: Nancy Adams
14. NAME OF HUSBAND OR WIFE: D R Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Carrie Burgess Address: Waynesville Mo

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): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Senility Arterio Sclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: years

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C Gross (Degree or title): Coroner
22b. ADDRESS: Waynesville, Missouri
22c. DATE SIGNED: 12-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-23-1962
23c. NAME OF CEMETERY OR CREMATORY: Dunkard Cemetery
23d. LOCATION (City, town, or county) (State): Waynesville Rural Mo

24. FUNERAL DIRECTOR: C Gross
ADDRESS: Moss-Williams Waynesville Mo
25. DATE RECD. BY LOCAL REG.: 12-21-62
26. REGISTRAR'S SIGNATURE: Eula Mae Underwood

(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 embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence Gross

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.