MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048003
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 304

FILED DEC 27 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0887
2 0887
3 1
4 0
5 0
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7 1
8 0
9 2000
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12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly — Length of stay in lb: 2½ Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence 619 W. Carpenter — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Moberly — Inside Limits: Yes ☐ No ☐ X
d. STREET ADDRESS (If outside, give location): 619 W. Carpenter — Reside on Farm: Yes ☐ No ☐ X

3. NAME OF DECEASED (Type or print): First James John Middle John Last Drace
4. DATE OF DEATH: Month 12 Day 13 Year 62
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/22/58
9. AGE (last birthday): 4 — 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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Highland Park, Ill
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME: Jack M. Drace
13b. MOTHER'S MAIDEN NAME: Barbara Baur
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: Jack M. Drace — Address: Moberly

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): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Reticulum Cell Sarcoma Metastatic to lung — 1 mo.
DUE TO (c): Reticulum Cell Sarcoma of Mandible — 6 mos.
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 Jun 1962, to 12/13/62 and last saw her/him alive on 12/12/62
Death occurred at 0100 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert Hasson MD
22b. ADDRESS: 121 S. Elms
22c. DATE SIGNED: 12/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/14/62
23c. NAME OF CEMETERY OR CREMATORY: St Marys
23d. LOCATION (City, town, or county): Moberly (State) Mo

24. FUNERAL DIRECTOR: Million & Greer — ADDRESS: Moberly Mo
25. DATE RECD. BY LOCAL REG.: 12-14-62
26. REGISTRAR'S SIGNATURE: Leah Howe

(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 John A. Green

Licensed Embalmer No. 3815

P. O. Address Moberly, 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.