MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER: 63-000684

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 17

FILED FEB 5 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Coldwater Twp. — Length of stay in 1b: 6 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Mattie Middle: Mae Last: McCune

4. DATE OF DEATH: Month: Jan. Day: 27, Year: 1963

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ **Never Married** ☐ **Widowed** ☒ **Divorced** ☐

8. DATE OF BIRTH: 4-23-1882

9. AGE (last birthday): 80

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: Home

11. BIRTHPLACE (City and state or country): Overbrook, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Vail

13b. MOTHER'S MAIDEN NAME: Lucy Kosier

14. NAME OF HUSBAND OR WIFE:

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

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Ida Hunziker Address: Drexel, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Arteria Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 years.
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): Cerebral degeneration
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 July 26 62 to Jan 27 63 and last saw her/him alive on Jan 27-63
Death occurred at 8 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ray P. Hartwell M.D.

22b. ADDRESS: Drexel Mo

22c. DATE SIGNED: 1-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-29-63

23c. NAME OF CEMETERY OR CREMATORY: Sharon Cemetery

23d. LOCATION (City, town, or county) (State): Drexel, Cass Co., Mo.

24. FUNERAL DIRECTOR: Runyan Funeral Home ADDRESS: Drexel, Mo.

25. DATE RECD. BY LOCAL REG.: 1-31-63

26. REGISTRAR'S SIGNATURE: Ray J. Sebus

(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 Larry D. Dodd

Licensed Embalmer No. 5111

P. O. Address Drexel, 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.