

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-83-002961

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. **292**

Registrar's No.

STATE FILE NUMBER

FILED JAN 22 1963

1. PLACE OF DEATH a. COUNTY RAILS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RAILS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALINE TOWNSHIP		c. CITY OR TOWN MONROE CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE CITY ROUTE 2		d. STREET ADDRESS ROUTE 2	
3. NAME OF DECEASED (Type or print) First IDA Middle HESTER Last YAGER		4. DATE OF DEATH Month JANUARY Day 14 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JULY 14, 1863
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11a. FATHER'S NAME ROBERT ROUSE		11b. MOTHER'S MAIDEN NAME ELIZABETH SCOBEE	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		13. SOCIAL SECURITY NO. MISSOURI YAGER Thomas City 2702	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary disease DUE TO (b) Serility 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 a.m. p.m. Month, Day, Year	
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		COUNTY STATE	
21. I attended the deceased from July 10 62 to Jan 13 and last saw her alive on Jan 13 1963 Death occurred at 5:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E.T. Luren D. S. (Degree or title)		22b. ADDRESS Perry Mo	
22c. DATE SIGNED		22d. DATE	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JANUARY 16, 1963	
23c. NAME OF CEMETERY OR CREMATORY DEMOSS CHAPEL		23d. LOCATION (City, town, or county) (State) RAILS COUNTY, MISSOURI	
24. FUNERAL DIRECTOR Wilson & Sons ADDRESS Monroe City Mo		25. DATE RECD. BY LOCAL REG. 1/15/1963	
26. REGISTRAR'S SIGNATURE Clyde L. Wicks			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59
10870
20870
3
4 1
5 2
6
7 0
8 0
94201
10
11
1270-2
131-0

DATE AMENDED

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.