

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020819

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 210 Primary Registration District No. \_\_\_\_\_ Registrar's No. 39

STATE FILE NUMBER

**FILED MAY 28 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Princeton,</b>		c. CITY OR TOWN <b>Princeton,</b>	
Length of stay in 1b <b>3 days</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>Axtell Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Princeton,</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>RALPH LESLIE SQUIRES.</b>			4. DATE OF DEATH Month Day Year <b>May 21, 1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/12/1887</b>
9. AGE (last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days Hours Min. <b>11 9</b>	IF UNDER 24 HR. Hours Min. <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Trav'l - Lumber Co.</b>	11. BIRTHPLACE (City and state or country) <b>Mercer</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>Wm. N. Squires.</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Jane Perkins.</b>		14. NAME OF HUSBAND OR WIFE <b>Alverta Squires (deceased).</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>no</b>		16. SOCIAL SECURITY NO. <b>7</b>	
17. INFORMANT <b>Lucy Squires</b>		Address <b>Princeton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive Cerebral Hemorrhage</b> Cardiovascular Renal Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardiovascular Renal Disease</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			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
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 <b>8:43 5-19-63</b> to <b>5-21-63</b> and last saw her/him alive on <b>5-21-63</b> Death occurred at <b>8:43 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Douglas A. Pearl</i>		22b. ADDRESS <b>Princeton, Mo.</b>	
22c. DATE SIGNED <b>5-23-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 23, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Goshen Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>West, Princeton, Missouri</b>
24. FUNERAL DIRECTOR <b>Martin &amp; Azbell Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>5-24-63</b>	
26. REGISTRAR'S SIGNATURE <i>Rayman Azbell</i>			

(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 myself, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer.

Signed Lynnan Ogden

Licensed Embalmer No. 5020

P. O. Address Princeton, N.J.

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.

None of the 17. M.