

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031765

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 110

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB
 AMENDED

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| VS 300 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | SHOULD READ | BY AFFIDAVIT OF |
| Rev. 4/59 | | | | | | | |
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| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville | | c. CITY OR TOWN Boonville | |
| Length of stay in 1b 1 day | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital | | d. STREET ADDRESS (If outside, give location) 611 E. Morgan | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MELINDA SUE BROWNSBERGER | | | 4. DATE OF DEATH Month Day Year August 20, 1963 |
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8/19/63 |
| 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 14 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant | | 10b. KIND OF BUSINESS OR INDUSTRY -- | 11. BIRTHPLACE (City and state or country) Boonville, Mo. |
| 12. CITIZEN OF WHAT COUNTRY USA | | | |
| 13a. FATHER'S NAME Harry Brownsberger | | 13b. MOTHER'S MAIDEN NAME Rita Scheppers | 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) no | | 16. SOCIAL SECURITY NO. [REDACTED] | 17. INFORMANT Address Harry Brownsberger Boonville, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Distress Syndrome | | | INTERVAL BETWEEN ONSET AND DEATH 12 Hr. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hyaline Membrane Disease | | | |
| DUE TO (c) Premature Infant | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | | 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 s.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 8-19-63 (9:59 PM) to 8-20-63 (10:50 AM) and last saw her/him alive on 8-20-63 Death occurred at 10:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Willard B. Owen M. D. | | 22b. ADDRESS 629 MAIN STREET, BOONVILLE, MISSOURI | 22c. DATE SIGNED 8-20-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Aug 21/63 | 23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem. | 23d. LOCATION (City, town, or county) (State) Boonville, Missouri |
| 24. FUNERAL DIRECTOR B. W. Thacher | ADDRESS Boonville, Mo. | 25. DATE RECD. BY LOCAL REG. 8/20/63 | 26. REGISTRAR'S SIGNATURE [Signature] |

USE BLACK INK OR TYPEWRITER RIBBON

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

Berry W. Thacker

Licensed Embalmer No.

3944

P. O. Address

Bonville, 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.