

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035526

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 378

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 8 1963

VS 300
Rev. 4/59

1 0269

2 0760

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12 92-c

13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Loose Creek	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On arrival St Mary's Hospital		d. STREET ADDRESS (If outside, give location) Loose Creek	
3. NAME OF DECEASED (Type or print) First Mary Middle Christine Last Lock		4. DATE OF DEATH Month Oct Day 3 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 5/22/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY home maker	9. AGE (last birthday) 68
11a. FATHER'S NAME Henry Muenks		11b. MOTHER'S MAIDEN NAME Christine Knoerr	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Muenks		14. NAME OF HUSBAND OR WIFE Paul lock (de)	
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 Herbert Lock		Address Loose Creek Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial infarction DUE TO (b) arteriosclerotic coronary thrombosis DUE TO (c) [redacted]			INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.
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 checked="" 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 [redacted] a.m. [redacted] p.m. Month [redacted] Day [redacted] Year [redacted]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Loose Creek		COUNTY Osage STATE Mo	
21. I attended the deceased from Oct 3-63 to Oct 3-63 and last saw her alive on Oct 3-63 Death occurred at 2:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Loose Creek Mo	22c. DATE SIGNED 10-4-63
23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE 10/7/1963	23c. NAME OF CEMETERY OR CREMATORY Parish Cemetery	23d. LOCATION (City, town, or county) (State) Loose Creek Mo
24. FUNERAL DIRECTOR Victor Buescher ADDRESS [redacted] Mo		25. DATE RECD. BY LOCAL REG. 5 October 1963	26. REGISTRAR'S SIGNATURE Thomas E. Richter

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City
on arrival at Mary's Hospital
white female
some other
Gentle female
Herbert Jack
Loose Creek Mo

1800
1800
1800
1800

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 Vernon Manton

Licensed Embalmer No. 4125

P. O. Address Levan 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.