

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037118

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 234

Primary Registration District No. 3062

Registrar's No. 322

FILED SEP 30 1963

VS 300
Rev. 4/59

1 0808

2 0910

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4 1

5 2

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7 0

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9 331X

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12 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Polk</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Morgan</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Selalia</i>		c. CITY OR TOWN <i>atterville</i>	
c. FULL NAME OF IF NOT in hospital, give location) <i>Rest Haven nursing</i>		d. STREET ADDRESS (If outside, give location) <i>2 miles South</i>	
3. NAME OF DECEASED (Type or print) <i>JESSIE MAY WEAR</i>		4. DATE OF DEATH <i>Sept 19, 1963</i>	
5. SEX <i>Fe</i>	6. COLOR OF RACE <i>wh</i>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <i>Aug 22, 1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	
13a. FATHER'S NAME <i>Milton F. Woman</i>		13b. MOTHER'S MAIDEN NAME <i>Actna Mylin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>George A. wear</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovascular accident</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>General arteriosclerosis</i> DUE TO (c)		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 ☐	
20c. TIME OF INJURY Hour ☐ a.m. ☐ p.m. ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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	
20g. STATE			
21. I attended the deceased from <i>June 1960</i> to <i>Sept 1963</i> and last saw her alive on <i>18 Sept 1963</i> Death occurred at <i>5:35 P.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Donald C. Ginter, M.D.</i>		22b. ADDRESS <i>Selalia, Mo.</i>	
22c. DATE SIGNED <i>20 Sept 1963</i>			
23a. BURIAL, CREMATION, or REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Sept. 21, 1963</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>I.O.O.F.</i>		23d. LOCATION (City, town, or county) <i>atterville, Mo</i>	
23e. LOCATION (State) <i>Mo</i>			
24. FUNERAL DIRECTOR <i>Hays - Painter, Pilot Grove, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Sept 21, 1963</i>	
26. REGISTRAR'S SIGNATURE <i>Frances Sheehy</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address

Pilot Grove, 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.