

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038818
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10047

20690

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 25 1963		1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY AUDRAIN		a. STATE MO b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEXICO		c. CITY OR TOWN PARIS	
Length of stay in 1b 1 1/2 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AUDRAIN Co. Hosp.		d. STREET ADDRESS (If outside, give location) 3-05 PITTS STREET	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last PAMELA ANN WYATT			4. DATE OF DEATH Month Day Year OCT 23 1963
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/22/1963
9. AGE (last birthday) —		IF UNDER 1 YEAR Months — Days 1 Hours 11 Min. —	IF UNDER 24 HR. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME CHARLES EWING WYATT	
13b. MOTHER'S MAIDEN NAME THERESA M. WALSTEAD		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT CHARLES E. WYATT		Address 505 PITTS ST. PARIS, MO	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH Since Birth 1-2 hours or less
IMMEDIATE CAUSE (a) Cerebral Anoxia			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Circulatory Collapse			
DUE TO (c) Prematurity			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Respiratory Dysfunction			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 — 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 10-23-63 to 10-23-63 and last saw her alive on 10-23-63			
Death occurred at 11:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. Carl Schlagel, Jr. D.O.		22b. ADDRESS Paris, Mo.	22c. DATE SIGNED 10-23-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 24, 1963	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	23d. LOCATION (City, town, or county) (State) PARIS, MO.
24. FUNERAL DIRECTOR F.H. AGNEW	ADDRESS PARIS, MO		25. DATE RECD. BY LOCAL REG. 10-23-1963
			26. REGISTRAR'S SIGNATURE Alberta Edmestown

USE BLACK INK OR TYPEWRITER RIBBON

7400
9800
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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 *E. H. Agnew*

Licensed Embalmer No. 4000

P.O. Address Paria, 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.