

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0001404

STATE FILE NUMBER

Registration District No. 131 Primary Registration District No. 3023 Registrar's No. 29

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Green	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		d. STREET ADDRESS (If outside, give location) 411 W. Lombard	
3. NAME OF DECEASED (Type or print) First Cynthia Middle Anna Last Bunch		4. DATE OF DEATH Month Jan. Day 29 Year 1966	
5. SEX Fe.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-20-85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dietician		10b. KIND OF BUSINESS OR INDUSTRY Hospital	
13a. FATHER'S NAME James Roberts		13b. MOTHER'S MAIDEN NAME Mary Fergus	
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. 495-30-2260	
17. INFORMANT Mrs Gladys Neill, Creighton, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral vascular thrombosis DUE TO (c) Arterial Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 wks	
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 12:23 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.) from 1966 death		20f. CITY, TOWN, OR LOCATION Clinton, Mo.	
21. I attended the deceased from from 12:23 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		and last saw her alive on Jan 29, 66	
22a. SIGNATURE C R Wetzel, MD		22b. ADDRESS Clinton, Mo.	
22c. DATE SIGNED 1-31-66			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-2-66	23c. NAME OF CEMETERY OR CREMATORY Hopedale	23d. LOCATION (City, town, or county) (State) Ozark, Christian Co. Mo.
24. FUNERAL DIRECTOR Snow's Funeral Home, Urich, Mo.		25. DATE RECD. BY LOCAL REG. JAN 31-66	
26. REGISTRAR'S SIGNATURE Mildred Bigins			

(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 Mesle D Snow

Licensed Embalmer No. 4034

P. O. Address Urich, 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.

Permit obtained 1-31-66 (MS)