

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042358

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. \_\_\_\_\_ Registrar's No. 296

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10421  
20420

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4 0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINDSOR</u>		Length of stay in 1b <u>hours</u>	c. CITY OR TOWN <u>CLINTON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WINDSOR HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt 2</u>
3. NAME OF DECEASED (Type or print) First <u>RANDY</u> Middle <u>DWAYNE</u> Last <u>ANTWILER</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>21</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 7, 1962</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (last birthday) <u>7</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u> IF UNDER 24 HR Hours <u>14</u> Min. <u>4</u>
11a. BIRTHPLACE (City and state or country) <u>Warsaw, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Johnny Antwiler</u>		13b. MOTHER'S MAIDEN NAME <u>Charlene Gardner</u>	14. NAME OF HUSBAND OR WIFE <u>never married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Johnny Antwiler</u> Address <u>Rt 2, Clinton, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Respiratory Collapse</u> (b) <u>Marked Hyperpyrexia and Dehydration</u> (c) <u>Severe Gastroenteritis and Influenza</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>4-5 hrs</u> <u>2 days</u> <u>2-3 days</u>
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 <u>12:05</u> a.m. p.m.	Month, Day, Year <u>11-20-62</u>	20f. CITY, TOWN, OR LOCATION <u>Windsor, MO</u> COUNTY <u>Henry</u> STATE <u>MO</u>	
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 <u>Windsor, MO</u> COUNTY <u>Henry</u> STATE <u>MO</u>	
21. I attended the deceased from <u>11-20-62</u> to <u>11-21-62</u> and last saw <u>him</u> alive on <u>11-21-62</u> . Death occurred at <u>12:05 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <u>Claude M. Shurber, MD</u> (Degree or title)		22b. ADDRESS <u>Windsor, MO</u>	22c. DATE SIGNED <u>11-21-62</u>
23a. BURIAL, CREMATION, (REMOVAL (Specify)) <u>Burial</u>	23b. DATE <u>Nov 23, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fristoe Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Fristoe, Mo.</u>
24. FUNERAL DIRECTOR <u>John F Reser</u> ADDRESS <u>Warsaw</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 3, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigman</u>	

**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 John F. Piser

Licensed Embalmer No. 4098

P. O. Address Warsaw, 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.