

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035779

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 100

FILED SEP 24 1967

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	ITEM NO.	SHOULD READ	OR	TYPEWRITER RIBBON	USE BLACK INK
1 <u>0890</u>											
2 <u>0890</u>											
3 <u>1</u>											
4 <u>1</u>											
5 <u>1</u>											
6											
7 <u>0</u>											
8 <u>2</u>											
9 <u>420.1</u>											
10											
11											
12 <u>1-0</u>											
13 <u>2-0</u>											

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Length of stay in 1b 2 days	c. CITY OR TOWN Richmond
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray Co. Memorial Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. 4
3. NAME OF DECEASED (Type or print) First Susan Middle Permillia Last O'Dell		4. DATE OF DEATH Month Sept. Day 8th Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/3/1880
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Clay County, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Dick Page	
13b. MOTHER'S MAIDEN NAME Susan Moore		14. NAME OF HUSBAND OR WIFE George O'Dell	
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. no.	17. INFORMANT George O'Dell, R.F.D. 4 Richmond, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 days
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 _____ a.m. _____ p.m. _____	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 July 1962 to death and last saw her alive on 9-8-62 Death occurred 'at 10:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ed Crozier (Degree or title)		22b. ADDRESS Richmond, MO	22c. DATE SIGNED 7-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 10/1962	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery	23d. LOCATION (City, town, or county) (State) Clay County, Missouri
24. FUNERAL DIRECTOR Hope Funeral Home, Ex. Spgs. MO. Chas. Virgil Hope		25. DATE RECD. BY LOCAL REG. 9-13-1962	26. REGISTRAR'S SIGNATURE Mabel Jackson

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.

was permit obtained