

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-048028

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 145

FILED DEC 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10890

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND TWP.</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>HARDIN</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RAY COUNTY MEM. HOSPITAL</u>		Inside limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>_____</u>
3. NAME OF DECEASED (Type or print) First <u>LILY</u> Middle <u>PAULINE</u> Last <u>KOHL</u>		4. DATE OF DEATH Month <u>DEC.</u> Day <u>9</u> Year <u>1962</u>	
5. SEX <u>FEMALE</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>DEC. 8, 1962</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>_____</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	11. BIRTHPLACE (City and state or country) <u>RAY Co. Mem. Hospital</u>
13a. FATHER'S NAME <u>WILLIAM KOHL</u>		13b. MOTHER'S MAIDEN NAME <u>FLOSSIE FOLKS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</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>_____</u>	17. INFORMANT <u>WILLIAM KOHL - HARDIN, 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>Immaturity</u> DUE TO (b) <u>C Section</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemorrhage - placenta previa</u>			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.) <u>_____</u>	
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 checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>		20f. CITY, TOWN, OR LOCATION <u>_____</u>	COUNTY <u>_____</u> STATE <u>_____</u>
21. I attended the deceased from <u>birth</u> to <u>death</u> and last saw her <u>him</u> alive on <u>12-9-62</u> Death occurred at <u>11:30 p.m.</u> on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>[Address]</u>	22c. DATE SIGNED <u>12-10-62</u>
23a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-11-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HARDIN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HARDIN MO.</u>
24. FUNERAL DIRECTOR <u>BORCHERTING FUN. HOME - HARDIN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-15-1962</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</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 August Borcharding

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.