

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000589

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 5.0 Primary Registration District No. 5179 Registrar's No. 6

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage Jwp</u>	Length of stay in lb <u>2 month</u>	c. CITY OR TOWN <u>Osage Beach</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy 54-40</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Hwy 54-40</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Lula Mae Mix</u>			4. DATE OF DEATH Month Day Year <u>Feb 6 1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 29-1900</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (City and state or country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert N. Neikirt</u>		13b. MOTHER'S MAIDEN NAME <u>Un-known</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Mix</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>no</u>	17. INFORMANT Address <u>Mr Joseph Mix, Osage Beach, 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 Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____		
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>None</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
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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 Hours, Month, Day, Year 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 -----
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21. I attended the deceased from Feb 5 1962 to Feb 6, 1962 and last saw her/him alive on Feb 6, 1962
Death occurred at 12.20 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Thomas A. Wayland M.D.</u>	22b. ADDRESS <u>Camdenton, Missouri</u>	22c. DATE SIGNED <u>Feb 6, 62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 8-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Memorial Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mt Carmel Illinois</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Robert H. Reed, Camdenton Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 6-1962</u>	26. REGISTRAR'S SIGNATURE <u>Zilpha Jraw.</u>
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AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FEB 16 1962

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 _____

Robert W Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.