

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015055
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 62

FILED MAY 4 1962

VS 300
Rev. 4/59

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

DATE AMENDED
b470
20470
3
4 0
5 0
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7 0
8 2
94201
10
11
12 1-0
13 1-0

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Iron		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in lb DOA		c. CITY OR TOWN Arcadia		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's of the Ozarks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First WILLIAM		Middle BRINKER		Last EVANS		Month Day Year April 27, 1962		
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/29/1890		
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant			10b. KIND OF BUSINESS OR INDUSTRY used clothing		11. BIRTHPLACE (City and state or country) Arcadia, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James B. Evans			13b. MOTHER'S MAIDEN NAME Minnie Frazier			14. NAME OF HUSBAND OR WIFE none		
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.		17. INFORMANT I.E. Whitworth, Ironton, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Coronary Occlusion							30 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) Coronary heart disease							?	
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Neuritis right arm					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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
				4-27-62 to 4-27-62 and last saw him alive on 4-27-62				
21. I attended the deceased from 4-27-62 to 4-27-62 and last saw him alive on 4-27-62 Death occurred at 4.30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>R.F. Harland</i> (Degree or title)				22b. ADDRESS Ironton, Missouri		22c. DATE SIGNED 4-28-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/30/1962	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Mem. Park, Ironton, Mo.		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo. <i>Conrad J. White</i>			25. DATE RECD. BY LOCAL REG. 4-28-62		26. REGISTRAR'S SIGNATURE <i>Miss Ann Jones</i>			

MAY 8 1962

JUN 22 1962

Permit obtained 4-28-62

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

Lyle A. White

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.