

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027038

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3909

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |   |                                |   |  |  |  |  |  |   |  |
|--|--|---|--------------------------------|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <b>Kansas City</b>                        |                                | Length of stay in 1b<br><b>15 years</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  | c. CITY OR TOWN <b>Kansas City</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VA Hospital</b>  |  |   |                                | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><b>417 East 60th</b>  |  |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) <b>MYRICK NMN DE MINT</b>   |  |   |                                |   |  | 4. DATE OF DEATH <b>July 27, 1962</b>  |  |  |  |   |  |
| 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>White</b>  |                                | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>4-15-95</b>   |  | 9. AGE (last birthday)<br><b>67 yrs</b>  |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machinist</b>  |  |   |                                | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Aircraft</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Hardin, Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |  |   |  |
| 13a. FATHER'S NAME<br><b>Price D. De Mint</b>  |  |   |                                | 13b. MOTHER'S MAIDEN NAME<br><b>Mary L. Haines</b>  |  |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>--- Unknown</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WW I</b>   |  |   |                                |   |  | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |  | 17. INFORMANT<br>Address<br><b>VA Hospital Official Records</b>  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I.)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CEREBRAL VASCULAR THROMBOSIS</b>  |  |   |                                |   |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  |   | DUE TO (b) <b>HYPERTENSION</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)  |  |   |                                |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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  |  |   |  |
| 21. I attended the deceased from <b>July 22, 1962</b> to <b>July 26, 1962</b><br>Death occurred at <b>5:20</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |                                |   |  |  |  |  |  |   |  |
| 22a. SIGNATURE<br><i>F.E. Snodell</i>  |  |   |                                |   |  | (Degree or title) <b>F.E. SNODELL M.D.</b>   |  | 22b. ADDRESS<br><b>VA Hospital, Kansas City, Mo.</b>   |  | 22c. DATE SIGNED<br><b>7-27-62</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>7-30-1962</b>   |                                | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Hardin Cemetery</b>  |  | 23d. LOCATION (City, town, or county)<br><b>Hardin, Missouri</b>   |  | (State)  |  |   |  |
| 24. FUNERAL DIRECTOR<br><b>Floral Hills Memorial Chapels, Inc</b>  |  |   |                                |   |  | ADDRESS<br><b>Blue Ridge &amp; Gregory K. C. Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>7-30-62</b>   |  | 26. REGISTRAR'S SIGNATURE<br><i>Ruth Song</i>   |  |

(Licensed Embalmer's Statement on Reverse Side)

**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 *E. M. Joiner*

Licensed Embalmer No. 3452

P. O. Address H. E. Han

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.