

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034965

4630 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4630

FILED SEP 24 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank Ellis

E. Frank Ellis

21. I attended the deceased from 8-20-62 to 9-7-62 and last saw her/him alive on 9-7-62

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20c. TIME OF INJURY

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

20g. COUNTY

20h. STATE

21. I attended the deceased from

22. SIGNATURE

22c. DATE SIGNED

23. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

23e. STATE

24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

27. ADDRESS

28. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE

29. INTERVIEW BETWEEN

30. OF

31. DEATH

32. RECORD

33. BY

34. LOCAL

35. REG.

36. OFFICE

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38. THE

39. STATE

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196. DIVISION

OCT 24 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 B. E. Weiland

Licensed Embalmer No. 4075

P. O. Address K. C. 8, Ma

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.