

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-020799

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 195

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10648
20648
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4 0
5 1
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9977X
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12 22-3
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

FILED JUN 8 1963		1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b		c. CITY OR TOWN Hannibal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D O A Levering Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2915 McKinley Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RICHARD Middle STILLWELL Last MCMEIN			4. DATE OF DEATH Month May Day 30 Year 1963		
5. SEX Male	6. COLOR OR COMPLEXION White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 24, 1916	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months 6 Days 8 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Brinkoetter Monument		11. BIRTHPLACE (City and state or country) Hannibal Missouri	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME W. Warfield McMein		13b. MOTHER'S MAIDEN NAME Margaret Stillwell	
14. NAME OF HUSBAND OR WIFE Dorothy Settles		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. Mrs. R.S. McMein Hannibal Missouri	
17. INFORMANT Mrs. R.S. McMein		18. ADDRESS Hannibal Missouri		19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab wound of heart INTERVAL BETWEEN ONSET AND DEATH Immediate	
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)			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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Stabbed self thru 4th intercostal space			
20c. TIME OF INJURY Hour 10:20 a.m. PM Month, Day, Year 5 30 63	on left while seated in his own car.				
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.) parking lot	20f. CITY, TOWN, OR LOCATION Hannibal	COUNTY Marion	STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:20 A. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Henry H Sweets Jr MD Coroner			22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 5/31/63
23a. BURIAL, CREMATION, REINTERMENT Burial	23b. DATE 6/1/1963	23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Hannibal Missouri		
24. FUNERAL DIRECTOR Smith Funeral Home Hannibal Missouri		ADDRESS May 31, 1963	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke by Hilkin M. Hermann	

USE BLACK INK OR TYPEWRITER RIBBON

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 John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.

Permit issued 5/31/63