MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027029

STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 97

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED JUN 20 1963

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MARSHFIELD (E. OZARK) — Length of stay in 1b: 65 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: WEBSTER
c. CITY OR TOWN: MARSHFIELD RT 4 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 7 MI SOUTH — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: OSCAR Middle: A Last: REPROGLE

4. DATE OF DEATH: Month: JUNE Day: 3 Year: 1963

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-11-1897
9. AGE (last birthday): 65
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: ACE REPROGLE
13b. MOTHER'S MAIDEN NAME: FLORA RAGSDALE
14. NAME OF HUSBAND OR WIFE: PERRA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: PERRA REPROGLE Address: MARSHFIELD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ACUTE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): HYPERTENSIVE CARDIOVASCULAR DISEASE — 10+ YRS
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ARTERIOSCLEROSIS
EXOGENOUS OBESITY - GENERALIZED
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ 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 COUNTY STATE

21. I attended the deceased from 8-5-61, to 6-3-63 and last saw her alive on 5-8-63
Death occurred at 730 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R.J. Barcis (Degree or title) M.D.
22b. ADDRESS: Marshfield Mo.
22c. DATE SIGNED: 6-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-5-1963
23c. NAME OF CEMETERY OR CREMATORY: MARSHFIELD
23d. LOCATION (City, town, or county): MARSHFIELD (State): MO

24. FUNERAL DIRECTOR: BARBER-EDWARDS ADDRESS: MARSHFIELD
25. DATE RECD. BY LOCAL REG.: 6-12-63
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1120		
2	1120		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	4201		
10			
11			
12	90-0		
13	30		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

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 _____

Licensed Embalmer No. 3848

P. O. Address _____

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.