

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031626

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. 4092 Registrar's No. 148

FILED SEP 10 1963

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HARRISONVILLE,</u>		c. CITY OR TOWN <u>Gunn City</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cass Co. Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>Gunn City</u>	
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>III.</u> Last <u>MORRIS</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>31</u> Year <u>1963</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wh.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-28-73</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>McLean Co. Ill.</u>
13a. FATHER'S NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for part I. Death was caused by: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT <u>Morena Babylon, Latour, Mo.</u> Address _____ INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u>	
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 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 Hour _____ a.m. _____ p.m.	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 <u>Jun 27, 1963</u> to <u>Aug 31, 1963</u> and last saw her (him) live on <u>Aug 27, 1963</u> Death occurred at <u>12:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert L. Wheeler M.D.</u> (Degree or title)		22b. ADDRESS <u>Harrisonville, Mo.</u>	
22c. DATE SIGNED <u>8/31/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-2-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gunn City</u>	23d. LOCATION (City, town, or county) (State) <u>Gunn City Mo.</u>
24. FUNERAL DIRECTOR <u>A. D. Nartzler East Lynne, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-4-63</u>	26. REGISTRAR'S SIGNATURE <u>Ray J. Lebrun</u>

VS 300 Rev. 4/59

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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

100-117-3111

Robert W. Cecherian

**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 Robert W. Cecherian

Licensed Embalmer No. 4902  
P. O. Address Haverhill, 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.