

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031647

STATE FILE NUMBER

Registration District No. 63 Primary Registration District No. 4113 Registrar's No. 34

FILED AUG 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0210

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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

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>BRUNSWICK</u>		c. CITY OR TOWN <u>BRUNSWICK</u>	
Length of stay in 1b <u>30 YRS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>703 W - BROADWAY</u>		d. STREET ADDRESS (If outside, give location) <u>703 W BROADWAY</u>	
3. NAME OF DECEASED (Type or print) <u>HARRY TATUM WAHL</u>		4. DATE OF DEATH Month <u>8</u> Day <u>19</u> Year <u>63</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-3-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAB DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRANSPORTATION</u>	11. BIRTHPLACE (City and state or country) <u>CHARITON COUNTY U. S. A.</u>
13a. FATHER'S NAME <u>GEORGE WAHL</u>		14. NAME OF HUSBAND OR WIFE <u>PORTHY WAHL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		17. INFORMANT Address <u>346 Mrs. Harry WAHL Brunswick</u>	
18. CAUSE OF DEATH (Enter only one cause per death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis heart vessels</u>	
		DUE TO (c) <u>Hemorrhage & Thrombus</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 <u>19 00</u> Month, Day, Year		20f. CITY, TOWN, OR LOCATION <u>BRUNSWICK</u> COUNTY STATE	
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.)	
21. I attended the deceased from <u>June 10-1957</u> to <u>Aug 20-1963</u> last saw him <u>dead</u> on <u>11.46</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Archer C Rice M.D.</u>		22b. ADDRESS <u>Brunswick Mo.</u>	
22c. DATE SIGNED <u>20 Aug 63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-21-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Stone Ceme Brunswick Mo</u>	23d. LOCATION (City, town, or county) (State) <u>Brunswick Mo</u>
24. FUNERAL DIRECTOR <u>W. McCURRY Brunswick Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 20-1963</u>	
		26. REGISTRAR'S SIGNATURE <u>Howie Smith</u>	

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 L. E. McCurry

Licensed Embalmer No. 4806

P. O. Address BRUNSWICK MO.

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.