

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 150 STATE FILE NUMBER 63-032025

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 26 1963

VS 300
Rev. 4/59

1 0405

2 0400

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12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON		Length of stay in 1b 1 WK.	c. CITY OR TOWN TRENTON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WRIGHT MEM. HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R#5 (MADISON TOWNSHIP) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HERSHEL LELAND McWAID			4. DATE OF DEATH Month Day Year AUG. 12, 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-19-93
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) GRUNDY CO., MO.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME HARLEY B. McWAID	
13b. MOTHER'S MAIDEN NAME ESTELLA K. COLLINS		13c. NAME OF HUSBAND OR WIFE AUGUSTA LANCE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO. 7467 C.W. McWAID	17. INFORMANT Address TRENTON, MO
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 myocardial thrombosis			INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized adenocarcinoma			1 yr.
DUE TO (c) Adenocarcinoma of colon			2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Early congestive heart failure			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 6-25-67 to 8-12-63 and last saw him alive on 8-12-63 Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. L. Clark (Degree or title)		22b. ADDRESS Trenton, MO.	22c. DATE SIGNED 8-13-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-14-63	23c. NAME OF CEMETERY OR CREMATORY RESTHAVEN MEM. GARDENS	23d. LOCATION (City, town, or county) (State) TRENTON, MO.
24. FUNERAL DIRECTOR Leo H. Whitaker Trenton, Mo.		25. DATE RECD. BY LOCAL PEG. 8-14-63	26. REGISTRAR'S SIGNATURE Irene J. J...

USE BLACK INK OR TYPEWRITER RIBBON

AUG 28 1963

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 *Geo. H. Whitaker*

Licensed Embalmer No. 4780

P. O. Address *Trouton, 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.