

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036780

STATE FILE NUMBER

Registration District No. 172

Primary Registration District No. 4272 Registrar's No. 67

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10540

20540

3

4 1

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9442X

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13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waverly</u>		Length of stay in 1b <u>32 days</u>	c. CITY OR TOWN <u>Dover</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kelling Hospital & Clinic</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Sophia Hain Hain</u>			4. DATE OF DEATH Month Day Year <u>October 10 1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 6 1877</u>
9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	11. BIRTHPLACE (City and state or country) <u>Poland</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Joseph Maha</u>	
13b. MOTHER'S MAIDEN NAME <u>Agatha (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Hain</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>NO</u>)		17. INFORMANT Address <u>Mr. Alvin Hain Dover</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardio vascular renal disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1946 +</u>
DUE TO (b) <u>arteriosclerosis generalized.</u>			<u>1946 +</u>
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 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. Month, Day, Year			
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>1946 +</u> to <u>10-10-63</u> and last saw her <u>live</u> on <u>10/10/63</u> Death occurred at <u>10:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jordan Spelling</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Waverly Missouri</u>	22c. DATE SIGNED <u>10/11/63</u>
23a. BURIAL CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE: <u>10-14-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Dover Missouri</u>
24. FUNERAL DIRECTOR <u>Vaughn-Walker Lexington Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 11-1963</u>	26. REGISTRAR'S SIGNATURE <u>Lutie G. Jordan</u>

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 Stanley Domijan, Student Embalmer No. 696

working under my personal supervision.

Student

Stanley Domijan
Signature of Student Embalmer

Signed

Harold L. Walker

Licensed Embalmer No. 2588

P.O. Address Lexington, 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.