

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 63-048941

**FILED DEC 30 1963**

DO NOT WRITE ON THIS STUB	AMENDED				
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in 1b <b>30:00 Mins.</b>	c. CITY OR TOWN <b>Farber</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Farber</b>
3. NAME OF DECEASED (Type or print) First <b>Dossie</b> Middle <b>Ella</b> Last <b>Miller</b>		4. DATE OF DEATH Month <b>12-</b> Day <b>21-</b> Year <b>1963</b>	
5. SEX <b>F. M.</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-1-1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>77</b>
11a. FATHER'S NAME <b>Joseph Blybon</b>		11b. MOTHER'S MAIDEN NAME <b>Dillon</b>	11. BIRTHPLACE (City and state or country) <b>Williamsburg, Mo.</b>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13. NAME OF HUSBAND OR WIFE <b>Deceased</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. SOCIAL SECURITY NO.		17. INFORMANT <b>Fred Miller Farber, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary</b> DUE TO (b) <b>Arteriosclerotic Hypertension</b> DUE TO (c) <b>Acute Dehydration &amp; Malnutrition</b>			INTERVAL BETWEEN ONSET AND DEATH <b>years</b> <b>3 wks</b>
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 <b>12-21-63</b> to <b>12-21-63</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>12-21-63</b> Death occurred at <b>730</b> <b>P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James E. Tots DO</b>		22b. ADDRESS <b>Mexico MO</b>	22c. DATE SIGNED <b>12-24-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-24-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Garden</b>	23d. LOCATION (City, town, or county) (State) <b>Vandalia, Mo.</b>
24. FUNERAL DIRECTOR <b>Wilkey-Bienhoff Laddonia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 26-1963</b>	26. REGISTRAR'S SIGNATURE <b>Alberta Edmonston</b>

1000-0000

JAN 2 1964

STATE OF MISSOURI

**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 *Alfred A. Wieberg*

Licensed Embalmer No. 3820

P. O. Address Perry, 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.