

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047704

AMENDED

Registration District No.

104

Primary Registration District No.

5418

Registrar's No.

5

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

DUNKLIN

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

DUNKLIN

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

COTTON HILL

Length of stay in 1b

5 MINUTES

c. CITY

OR TOWN

MALDEN

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

1/2 mi. W. OF MALDEN

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

SO. N. BECK WITH

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

VERDA RITCHIE HASKINS

4. DATE OF DEATH

DEC. 16 1961

## 5. SEX

FEMALE

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-18-08

## 9. AGE (last birthday)

53

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

HOME

## 11. BIRTHPLACE (City and state or country)

FAYETTE, MO.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

WHEELER RITCHIE

## 13b. MOTHER'S MAIDEN NAME

LOMA

## 14. NAME OF HUSBAND OR WIFE

GUY D. HASKINS

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

## 16. SOCIAL SECURITY NO.

NONE

## 17. INFORMANT

GUY D. HASKINS, MALDEN MO.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Broken Neck

INTERVAL BETWEEN

INSTANT DEATH

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Crushed Chest.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

SUICIDE

HOMICIDE

☒☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Auto accident.

## 20c. TIME OF

3:00

Hour

Month, Day, Year

12-16-61

p.m.

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway

## 20f. CITY, TOWN, OR LOCATION

Cotton Hill Twp.

COUNTY

Dunklin

STATE

MO

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_

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

Quinton Tarver, Coroner

## 22b. ADDRESS

Kennett, Mo.

## 22c. DATE SIGNED

12-20-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

12-18-61

## 23c. NAME OF CEMETERY OR CREMATORY

NEW BERN

## 23d. LOCATION (City, town, or county)

NEW BERN, TENN.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

DAY &amp; KNIGHT F.S. MALDEN, MO.

## 25. DATE RECD. BY LOCAL REG.

1-18-62

## 26. REGISTRAR'S SIGNATURE

J. D. Sherman

(Licensed Embalmer's Statement on Reverse Side)

VS JAN 23 1962

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 J. J. Schuman  
Licensed Embalmer No. 4086

P. O. Address Maeden

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.