

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-000023**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3000 Registrar's No. 13

AMENDED

**FILED JAN 22 1962**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Adair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirksville</b>		Length of stay in 1b <b>8yrs.</b>	c. CITY OR TOWN <b>Kirksville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Stickler Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Ardella Apt.</b>	
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Franklin</b> Last <b>Laws</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>18</b> , Year <b>1962</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>9-12-1899</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>6</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barber</b>		11. BIRTHPLACE (City and state or country) <b>Scotland Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			13a. FATHER'S NAME <b>Frank Laws</b>		
13b. MOTHER'S MAIDEN NAME <b>Amanda Depew</b>			14. NAME OF HUSBAND OR WIFE <b>Divorced</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.#2 (Navy)</b>			16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Mrs. Merle Eiffert Washington, Iowa</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis--acute</b>					INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 _____ Month, Day, Year _____ 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 <b>Jan. 17, 1962</b> to <b>Jan. 18, 1962</b> and last saw him alive on <b>Jan. 18, 1962</b>		Death occurred at <b>12:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Rostickler MD</b>			22b. ADDRESS <b>107 E. Harrison, Kirksville, Mo.</b>		22c. DATE SIGNED <b>1/19/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1-22-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Coffey Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Schuyler Co., Mo.</b>	
24. FUNERAL DIRECTOR <b>Des Riley Funeral Home, Inc.</b> <b>415 North Franklin Kirksville, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 19, 1962</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>	

JAN 25 1962

R. O. STICKLER, M.D.

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 Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirksville

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.