

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009590
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 9
FILED FEB 27 1962

VS 300
Rev. 4/59
1/030
2/030
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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 Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma, Rout 1		Length of stay in 1b- 4yr.	c. CITY OR TOWN Parma, Rout 1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Resident		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Parma, R. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Rosa xxxxxxxxxxxx Bell		4. DATE OF DEATH Month Day Year February 8, 1962	
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) xxxxx		10b. KIND OF BUSINESS OR INDUSTRY House wife	9. AGE (last birthday) 62
13a. FATHER'S NAME Arther Payne		13b. MOTHER'S MAIDEN NAME Ronie Payne	11. BIRTHPLACE (City and state or country) Calhoun Co. Miss.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) xxxxxx		16. SOCIAL SECURITY NO. xxxxxx	12. CITIZEN OF WHAT COUNTRY U.S.A.
14. NAME OF HUSBAND OR WIFE widowed		17. INFORMANT Address Parma, R. 1.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation			INTERVAL BETWEEN ONSET AND DEATH
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 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 Aug 14/61 to Feb 8/62 and last saw her alive on Jan 11, 1962 . Death occurred at 7:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. George Husted, M.D.		22b. ADDRESS Parma, Mo	
22c. DATE SIGNED 2/9/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2, 11, 1962	23c. NAME OF CEMETERY OR CREMATORY Smith West End Court West of Sikeston, Mo.	
24. FUNERAL DIRECTOR ADDRESS Smith Funeral Home Sikeston, Mo		25. DATE RECD. BY LOCAL REG. Feb. 15, 1962	26. REGISTRAR'S SIGNATURE Wenies S. Leggett

USE BLACK INK OR TYPEWRITER RIBBON

FEB 28 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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.