

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009635

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 354 Primary Registration District No. 6188 Registrar's No. 8

FILED FEB 20 1962

VS 300
Rev. 4/59

1	1070
2	1070
3	1
4	1
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9	9331X
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11	
12	90-0
13	2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cass twp.		Length of stay in 1b 14 yrs.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. E. Cabool		d. STREET ADDRESS (If outside, give location) Cabool, Mo.	
3. NAME OF DECEASED (Type or print) First Eva Middle L. Last Malcolm		4. DATE OF DEATH Month 2 Day 12 Year 62	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/16/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Canada
13a. FATHER'S NAME Stead Cliff		13b. MOTHER'S MAIDEN NAME Martha Morden	14. NAME OF HUSBAND OR WIFE John (dec.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Tom Jermyn, Cabool, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH 2 wks.
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 checked="" 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 _____ s.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 1959 to 2/12/62 and last saw her alive on 2/12/62	COUNTY _____ STATE _____
21. I attended the deceased from 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. L. Spear M.D.</i> (Degree or title)		22b. ADDRESS Cabool, Mo.	22c. DATE SIGNED 2/13/62
23a. BURIAL, CREATION, REMOVAL (Specify) burial	23b. DATE 2/14/62	23c. NAME OF CEMETERY OR CREMATORY Tyrone Cemetery	23d. LOCATION (City, town, or county) (State) Tyrone, Mo.
24. FUNERAL DIRECTOR Elliott-Gentry Funeral Home, Cabool, Mo.		25. DATE RECD. BY LOCAL REG. 2-13-62 REGISTRAR'S SIGNATURE <i>Raynell Cunningham</i>	

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 James Kealey

Licensed Embalmer No. 4718

P. O. Address Cabool, 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.