

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010084

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 44 Primary Registration District No. 450 Registrar's No. 11

FILED MAR 21 1962

VS 300 Rev. 4/59	DATE AMENDED				
1 0130					
2 0130					
3					
4 0					
5 2					
6					
7 0					
8 2					
9 350X					
10					
11					
12 90-0					
13 1-0					

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Caldwell County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Breckenridge TWP		Length of stay in 1b Life	c. CITY OR TOWN Breckenridge TWP
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ---
3. NAME OF DECEASED (Type or print) First Harry Middle Eveart Last Arms		4. DATE OF DEATH Month Feb. Day 27 Year 62	
5. SEX Male	6. COLOR OR RACE Cauc	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/6/82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Caldwell County Mo
13a. FATHER'S NAME Francis W. Arms		13b. MOTHER'S MAIDEN NAME Martha Jamison	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT 1 Donald Arms	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paralysis Agitans			INTERVAL BETWEEN ONSET AND DEATH 10 years
DUE TO (b) Cerebral arteriosclerosis			many years
DUE TO (c) General arteriosclerosis			many years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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.	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 Jan 30 1948 to Feb 27 1962 and last saw him alive on Feb 26 1962 Death occurred at 6 - P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. E. Goldberg M.D.		22b. ADDRESS Braymer, Mo	22c. DATE SIGNED 3/1/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/2/62	23c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery	23d. LOCATION (City, town, or county) Breckenridge, Mo.
24. FUNERAL DIRECTOR Mead-Pitts		ADDRESS Breckenridge, Mo	25. DATE RECD. BY LOCAL REG. 8-13-1962
			26. REGISTRAR'S SIGNATURE Mrs. Ruth Ann Grogan

APR 10 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

John W. Pitts

Licensed Embalmer No.

5074

P. O. Address

Bryner, MD.

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.