

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010311

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 115

FILED MAR 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0269
3269

3	
4	1
5	1
6	
7	1
8	0
9	<u>241X</u>
10	
11	
123-0	
131-0	

DATE AMENDED

4/18/62
5 yrs.
5 yrs.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Pending autopsy report

ITEM NO. SHOULD READ

18a Electrolyte Imbalance
18b Pulmonary emphysema
18c Bronchial Asthma

DOCUMENT

BY AFFIDAVIT OF attending physician

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City			Length of stay in 1b 32 years		c. CITY OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Community Hosp				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1311 Moreau Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARJORIE Middle ALFREDA Last STARKS			4. DATE OF DEATH Month March Day 9th Year 1962					
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/11/02	9. AGE (last birthday) 59 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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Osgood, Indiana		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Hiram L. McCoy			13b. MOTHER'S MAIDEN NAME Effie Young			14. NAME OF HUSBAND OR WIFE Hoyt A. Starks		
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 Hoyt A. Starks, Jefferson City, Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Electrolyte Imbalance Pending completion of Autopsy							INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary emphysema							5 yrs.	
DUE TO (c) Bronchial asthma							5 yrs.	
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 _____ a.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		COUNTY		STATE
21. I attended the deceased from <u>5-24-59</u> to <u>3-9-62</u> and last saw her <u>live</u> on <u>3-9-62</u> Death occurred at <u>10</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE John J. Hutchens, MD (Regree title)				22b. ADDRESS 302 Bolivar, Jefferson City, Mo			22c. DATE SIGNED 3-13-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 12 1962	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) Jefferson City, Missouri			
24. FUNERAL DIRECTOR Freeman Service, Jefferson City, Mo.				25. DATE RECD. BY LOCAL REG. 13 March 1962		26. REGISTRAR'S SIGNATURE R.D. Harris MD - Richter Reg.		

USE BLACK INK OR TYPEWRITER RIBBON

VS APR 6 - 1962 SA

MAY 18 1965

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 Donald P. Steeman

Licensed Embalmer No. 4623

P. O. Address _____

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.