

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012114

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3050 Registrar's No. 25

FILED MAR 19 1962

VS 300
Rev. 4/59

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DATE AMENDED
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville, Mo		Length of stay in lb 1yr	c. CITY OR TOWN CAROTHERSVILLE East 20th St.
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) East 20th St
3. NAME OF DECEASED (Type or print) First Joe Middle Nathan Last White		4. DATE OF DEATH Month March Day 9 Year 1962	
5. SEX M	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Unknown
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour		10b. KIND OF BUSINESS OR INDUSTRY farm	9. AGE (last birthday) About 64
11. BIRTHPLACE (City and state or country) Coldwater Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John White		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Katie White		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. unknown		17. INFORMANT Address Katie White Caruthersville, 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 Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 9 days.
DUE TO (b) Hypertension			
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		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Caruthersville, Pemiscot, Missouri	
21. I attended the deceased from Feb. 28, 1962 to Mar. 9, 1962 and last saw him alive on Mar. 8, 1962 Death occurred at 8:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. J. Aguirre, M.D.</i> (Degree or title)		22b. ADDRESS Caruthersville, Mo.	
22c. DATE SIGNED 3-9-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar-24-1962	23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge	23d. LOCATION (City, town, or county) (State) Caruthersville, Mo
24. FUNERAL DIRECTOR ADDRESS Noel C. Dean Caruthersville, Mo		25. DATE RECD. BY LOCAL REG. 3-15-1962	26. REGISTRAR'S SIGNATURE <i>Jack W Tipton</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 Noel C. Deane

Licensed Embalmer No. 3941

P. O. Address Carrithersville
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.