

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012218

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 20

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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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. <b>FILED APR 9 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Pike</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bowling Green</b>		c. CITY OR TOWN <b>Bowling Green</b>	
Length of stay in 1b <b>lifetime</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>104 East Church St.</b>		d. STREET ADDRESS (if outside, give location) <b>104 East Church St.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Frances Elizabeth McBride</b>			4. DATE OF DEATH Month Day Year <b>March 30, 1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-15-81</b>
9. AGE (last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House-keeping</b>	11. BIRTHPLACE (City and state or country) <b>St. Charles, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Louis Orf</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Roettger</b>		14. NAME OF HUSBAND OR WIFE <b>Charles McBride</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <span style="background-color: black; color: black;">[REDACTED]</span>	17. INFORMANT Address <b>Mrs. O.K. Williams, Bowling Green, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Circulatory Failure</b>			<b>minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pulmonary embolus</b>			<b>minutes</b>
DUE TO (c) <b>Arteriosclerosis &amp; senility</b>			<b>years</b>
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 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 <b>8-30-62</b> to <b>8-30-62</b> and last saw <b>deceased</b> her alive on <b>8-30-62</b>			
Death occurred at <b>8-00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert G. Brand D.O.</b>		22b. ADDRESS <b>Bowling Green, Mo</b>	22c. DATE SIGNED <b>8-31-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-2-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Clement Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bowling Green, Pike, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Harold Kirks, Bowling Green, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>March 31, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Maidee B. Williams</b>

**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 *Harold Kirk*

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.