MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-015619
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 7005
2 7000 1
3
4 1
5 2
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7 0
8 2
9 331X
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12 1-0
13 1-0

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 209

FILED MAY 8 1962

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence
Length of stay in Hospital: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Independence San & Hosp
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Oak Grove
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ½ Mi South
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Martha Middle: A Last: White
4. DATE OF DEATH: Month: April Day: 26 Year: 1962
5. SEX: FM
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/22/78
9. AGE (last birthday): 83
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): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Oak Grove Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Marion Webb
13b. MOTHER'S MAIDEN NAME: Thora Phillips
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
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Thora Oskins Address: Oak Grove Mo

MEDICAL CERTIFICATION

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: 1 day
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 4-14-62, to 4-26-62 and last saw her/him alive on 4-26-62
Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Henry W. Williams MD.
22b. ADDRESS: Oak Grove, MO
22c. DATE SIGNED: 4/29/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/29/1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem
23d. LOCATION (City, town, or county) (State): Oak Grove Mo
24. FUNERAL DIRECTOR ADDRESS: Webb Funeral Home Blue Springs Mo
25. DATE RECD. BY LOCAL REG.: 4-29-62
26. REGISTRAR'S SIGNATURE: Alba L. Craig
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

OCT 9 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_____ Signed Wilbur Freer
Signature of Student Embalmer

Licensed Embalmer No. 4733

P. O. Address Blue Springs 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.