

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-015858

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 25 1962 Primary Registration District No. 4280 Registrar's No. 188

VS 300 Rev. 4/59
10550
20550
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4 1
5 1
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9420.1
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1290-2
135-0

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Lawrence | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stotts City | | Length of stay in 1b 14 years | c. CITY OR TOWN Stotts City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen Del | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Gen Del |
| 3. NAME OF DECEASED (Type or print) First Middle Last Core Leone Kite | | 4. DATE OF DEATH Month Day Year April 18, 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 7-8-1895 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 66 |
| 11a. FATHER'S NAME Bud Nalley | | 11b. MOTHER'S MAIDEN NAME Arizona Short | |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 12b. SOCIAL SECURITY NO. none | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | |
| 14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 14b. SOCIAL SECURITY NO. none | |
| 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 Bob Kite, Stotts City, Mo. | | 18. NAME OF HUSBAND OR WIFE Bob Kite, Stotts City, 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) <i>Acute Circulatory Failure</i> DUE TO (b) <i>Coronary Thrombosis</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i> <i>Instant</i> |
| 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 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 <i>Aug 2 1951</i> to <i>April 18 1962</i> and last saw <i>her</i> alive on <i>April 16 1962</i> Death occurred at <i>8:35 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Harold E George D.O.</i> | | 22b. ADDRESS <i>ME Vernon MO</i> | 22c. DATE SIGNED <i>4/19/62</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>2-22-62</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>MORRES CEMETERY</i> | 23d. LOCATION (City, town, or county) (State) <i>Stotts City, MO</i> |
| 24. FUNERAL DIRECTOR <i>Centrell Funeral Home, Mt Vernon, Mo.</i> | | 25. DATE RECD. BY LOCAL REG. <i>4-23-62</i> | 26. REGISTRAR'S SIGNATURE <i>Roy Heathem / RW</i> |

USE BLACK INK OR TYPEWRITER RIBBON

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 Wm L Cantrell

Licensed Embalmer No. 5082

P. O. Address MT Vernon

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.