

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-016040
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 31

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 24 1962	
1. PLACE OF DEATH a. COUNTY Mercer	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri . COUNTY Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton, Mo	c. CITY OR TOWN Princeton, Mo
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital	d. STREET ADDRESS (if outside, give location)
3. NAME OF DECEASED (Type or print) First Joe Middle D. Last Clark	4. DATE OF DEATH Month 4 Day 20 Year 62
5. SEX male	6. COLOR OR RACE white
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-7-1894
9. AGE (last birthday) 67	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) plumber	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mercer Co., Mo	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas Clark	13b. MOTHER'S MAIDEN NAME Nancy Lyles
14. NAME OF HUSBAND OR WIFE Mary Jane Clark	
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. _____
17. INFORMANT Address Mrs Mary J. Clark Princeton, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholecystitis, Prostatic Hypertrophy	
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 4-7-62 , to 4-20-62 and last saw her/him alive on 4-20-62 Death occurred at 3:10 p. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) B. I. Axtell D.O.	22b. ADDRESS Princeton, Mo.
22c. DATE SIGNED 4-23-62 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-23-62
23c. NAME OF CEMETERY OR CREMATORY Princeton	
23d. LOCATION (City, town, or county) Princeton, Mo (State)	
24. FUNERAL DIRECTOR Noel Moss ADDRESS Princeton, Mo	25. DATE RECD. BY LOCAL REG. 4-23-62
26. REGISTRAR'S SIGNATURE Noel Moss	

VS 300 Rev. 4/59

1 2650
2 0650
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 25 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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene Moad

Licensed Embalmer No. 2634

P. O. Address Princeton 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.