MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-016222
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0781
20720

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 81

FILED MAY 3 1962

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hayti
Length of stay in 1b: 1 week
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Pemiscot County Memorial
Inside Limits: Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print): First: Lora Middle: Reta Last: Kirk
4. DATE OF DEATH: Month: April Day: 25, 1962
5. SEX: F
6. COLOR OR RACE: cauc.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov. 15, 1875
9. AGE (last birthday): 86 yrs.
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): retired housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Harrisburg Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
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: Cecil Kirk, Address: Marston 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): Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days
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 Jan. 1961, to April 26 1962 and last saw her alive on April 24 1962
Death occurred at 3:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: David P. Hinsley MD (Degree or title)
22b. ADDRESS: Lee Bowen
22c. DATE SIGNED: 4/26/62 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: April 27, 1962
23c. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery
23d. LOCATION (City, town, or county) (State): 4 miles S. of Essex Mo.

24. FUNERAL DIRECTOR: Watkins And Sons Farma, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-28-62
26. REGISTRAR'S SIGNATURE: Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
3			
4	1		
5	2		
6			
7	1		
8	0		
9	331X		
10			
11			
12	1-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4717

P. O. Address _____

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.