

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016232
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 31

FILED APR 16 1962

VS 300
Rev. 4/59

0785
3785

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4 2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pemiscot		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville		a. STATE Missouri b. COUNTY Pemiscot		c. CITY OR TOWN Caruthersville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to Hospital		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 202 East 12st.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First Sam		Middle		Last Stanley		Month 4 Day 10 Year 62	
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-11-94	
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY The National Bank		11. BIRTHPLACE (City and state or country) Forrest City, Ark.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Andrew Stanley				13b. MOTHER'S MAIDEN NAME Georgia Clark		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI				16. SOCIAL SECURITY NO. WWI		17. INFORMANT Address Mr. Wilford Stanley 202 East 12st.	
18. CAUSE OF DEATH (Enter only one cause per line)							
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a)				Acute Coronary Occlusion			
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. <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 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 <u>4/10/62</u> to <u>4/10/62</u> and last saw him ^{her} alive on <u>4/10/62</u> Death occurred at <u>9a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Jack W. Tipton</i>				22b. ADDRESS Caruthersville, Mo		22c. DATE SIGNED 4-11-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-15-1962		23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Caruthersville Mo	
24. FUNERAL DIRECTOR ADDRESS Carters Funeral Home 1308 Franklin				25. DATE RECD. BY LOCAL REG. 4-12-62		26. REGISTRAR'S SIGNATURE <i>Jack W. Tipton</i>	

USE BLACK INK OR TYPEWRITER RIBBON

APR 19 1962

APR 20 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 _____
Signature of Student Embalmer

Signed Jose A. Carter

Licensed Embalmer No. 4681

P. O. Address C'ville 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.