

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-016431

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 394 Primary Registration District No. _____ Registrar's No. 136

STATE FILE NUMBER

VS 300
Rev. 4/59

10900

20900

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52

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70

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9304X

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1296-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 16 1962

1. PLACE OF DEATH a. COUNTY Reynolds County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carroll TWP.		Length of stay in 1b 10 yr	c. CITY OR TOWN Bunker, Missouri Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carroll TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Bunker, Missouri Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Huey Middle N. Last Wilkins			4. DATE OF DEATH Month April Day 4 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-29-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 83
11a. FATHER'S NAME Joe Wilkins		11b. MOTHER'S MAIDEN NAME Mary Parks	9. AGE (last birthday) 83
11c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) 2		11d. SOCIAL SECURITY NO. X	12. CITIZEN OF WHAT COUNTRY U. S. A.
11e. NAME OF HUSBAND OR WIFE Martha Jane Reese		11f. BIRTHPLACE (City and state or country) Jefferson County	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPOSTATIC PNEUMONIA DUE TO (b) INERTIA + INFECTION DUE TO (c) SENILE DEMENTIA 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 _____ 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 3/5/62 to 4/2/62 and last saw him alive on 4/2/62 Death occurred at 2:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Glen Newman, D.O.		22b. ADDRESS Centerville	22c. DATE SIGNED 4/6/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-8-62	23c. NAME OF CEMETERY OR CREMATORY Greeley Cemetery	23d. LOCATION (City, town, or county) Greeley, Missouri
24. FUNERAL DIRECTOR SEE NCER FUNERAL HOME INC.		25. DATE RECD. BY LOCAL REG. April 9, 1962	26. REGISTRAR'S SIGNATURE Inez B. May, Deputy

USE BLACK INK OR TYPEWRITER RIBBON

JUL 16 1963

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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.