

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018778

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 132

FILED JUN 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10425
2930
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9420.1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 4 hrs.	c. CITY OR TOWN Osceola
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Beatrice Middle -- Last Jones		4. DATE OF DEATH Month June Day 5 Year 1962	
5. SEX Female	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 5/18/77
9. AGE (last birthday) 85		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) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and state or country) St. Clair County Mo
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William L. Ward	
13b. MOTHER'S MAIDEN NAME Elizabeth Carl		14. NAME OF HUSBAND OR WIFE Mrs. I.M. Hitchcock, Lansing Mich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Lansing Mich
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Hypertension DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 hrs
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.) Office	20f. CITY, TOWN, OR LOCATION Osceola Missouri
21. I attended the deceased from off on 1930 and last saw her alive on 6-5-62 . Death occurred at 9:00 m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Ruth Seewers M.D. (Degree or title)	
22b. ADDRESS Osceola Missouri		22c. DATE SIGNED 6/7/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/8/62	23c. NAME OF CEMETERY OR CREMATORY Pleasant Mound	23d. LOCATION (City, town, or county) Osceola Missouri
24. FUNERAL DIRECTOR Franklin Home Osceola Mo	ADDRESS Pleasant Mound	25. DATE CD. BY LOCAL REG. June 8, 1962	26. REGISTRAR'S SIGNATURE Mildred Bigum

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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Oxley Hill

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.

Permit Renewed 6-8-62 M.D. R.P.