

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019514

STATE FILE NUMBER

Registered in District No. 385 Primary Registration District No. 3039 Registrar's No. 112

FILED JUN 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10595
20580

3
4 0
5 2
6
7 0
8 2
94201
10
11
1286-0
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Length of stay in lb <u>16 Months</u>	c. CITY OR TOWN <u>Bucklin</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Brookfield Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Brookfield Nursing Home, Brookfield, Mo.</u>
3. NAME OF DECEASED First Middle Last (Type or print) <u>Charles P. Joyce</u>			4. DATE OF DEATH Month Day Year <u>June 3, 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-22-1874</u>
9. AGE (last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>	IF UNDER 24 HR Hours <u>11</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Barber Shop</u>	11. BIRTHPLACE (City and state or country) <u>New Boston, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Tom P. Joyce</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucinda Swink</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Gertie Joyce (Dec.)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>Brookfield Nursing Home, Brookfield, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u>			
DUE TO (b) <u>Coronary insufficiency</u>			
DUE TO (c) <u>Generalized arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Conjunctive heart failure</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.		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 <u>Brookfield, Mo.</u>	COUNTY STATE
21. I attended the deceased from <u>June 2, 1962</u> to <u>June 3, 1962</u> and last saw him alive on <u>June 3, 1962</u> Death occurred at <u>1:30 P.M.</u> on the (date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. V. Cochran M.D.</u>		(Degree or title)	22b. ADDRESS <u>Brookfield Mo.</u>
22c. DATE SIGNED <u>6/4/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-6-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bucklin, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Larson Funeral Service, Bucklin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 5, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Dana Watson</u>

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 Larry D. Vobornik, Student Embalmer No. 669

working under my personal supervision.

Student

Larry D. Vobornik
Signature of Student Embalmer

Signed

E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.