

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019648

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 224 Primary Registration District No. 5792 Registrar's No. 39

FILED MAY 21 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Monteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monteau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jamestown, Linn Township</b>		c. CITY OR TOWN <b>Jamestown, Linn Township</b>	
Length of stay in lb <b>Life</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Linn Township 1 1/2 Mi. N. Jamestown on State R #11</b>		d. STREET ADDRESS (If outside, give location) <b>1 1/2 Miles N. Jamestown on State Route #11</b>	
3. NAME OF DECEASED (Type or print) First <b>GLENN</b> Middle <b>DORSEY</b> Last <b>EDWARDS</b>		4. DATE OF DEATH <b>May 11, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/21/1913</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Highway Maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri State</b>	11. BIRTHPLACE (City and state or country) <b>Prairie Home, Missouri</b>
13a. FATHER'S NAME <b>Hugh Edwards</b>		13b. MOTHER'S MAIDEN NAME <b>Maud Monroe</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Daltovich</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Dorothy Edwards, R#2, Jamestown, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushing injury to head</b> <b>Chest</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Trestle tumbled over on train.</b>	
20c. TIME OF INJURY <b>11:40 a.m.</b>	Month, Day, Year <b>5-11-62</b>		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>at farm</b>	20f. CITY, TOWN, OR LOCATION <b>Jamestown 2 mi north Monteau Mo</b>	
21. I attended the deceased from <b>11:45</b> and last saw her/him alive on <b>4</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Person Nathan M.D. Carover</b>		22b. ADDRESS <b>California, Mo</b>	22c. DATE SIGNED <b>5-14-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/14/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonia Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>California, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Hugh E. Williams, California, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>5/14/62</b>	26. REGISTRAR'S SIGNATURE <b>Deland J. Joppy</b>

MAY 22 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 Russell C. Magg

Licensed Embalmer No. 4804

P. O. Address California, 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.