

# MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 243 Primary Registration District No. 5831 Registrar's No. 35 STATE FILE NUMBER 62-019688  
 FILED MAY 28 1962

VS 300 Rev. 4/59  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Franklin</b>		c. CITY OR TOWN <b>Stark City</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>His Home</b>		d. STREET ADDRESS <b>R.F.D.# 1</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Burdol</b> Last <b>ski</b>		4. DATE OF DEATH Month <b>May</b> Day <b>9, 62</b> Year <b>1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May, 27 1864</b>
9. AGE (last birthday) <b>97</b>		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) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Warsaw Poland</b>	11. BIRTHPLACE (City and state or country) <b>Warsaw Poland</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>dont know</b>	
13b. MOTHER'S MAIDEN NAME <b>dont know</b>		14. NAME OF HUSBAND OR WIFE <b>Amelia Doty Stark City Mo Rt. 1</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Amelia Doty Stark City Mo Rt. 1</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
DUE TO (b) <b>Congestive Heart Failure</b>			<b>10 days</b>
DUE TO (c) <b>Arterial Sclerosis and Senility</b>			<b>indef</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 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 <b>April 8, 1962</b> to <b>5/9/62</b> and last saw him alive on <b>5/9/62</b> Death occurred at <b>4 A.m</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Edmit Howard</i> (Degree or title) <b>D.O.</b>		22b. ADDRESS <b>Furdy, Mo.</b>	
22c. DATE SIGNED <b>5/9/62</b>		22d. LOCATION (City, town, or county) (State) <b>Harry Co. Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May, 11, 62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peter and Paul</b>	
23d. FUNERAL DIRECTOR <b>McQueen Funeral Home, Wheaton, Mo.</b>		23e. ADDRESS	
24. DATE RECD. BY LOCAL REG. <b>5-13-62</b>		25. REGISTRAR'S SIGNATURE <i>Medrae Moberly</i>	

**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

*Paul D. Harbest*

Licensed Embalmer No. 45-76

P. O. Address Cassville 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.