

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019710
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 201 Primary Registration District No. 3048 Registrar's No. 144

VS 300
Rev. 4/59

1 0745
2 0740
3 2
4 0
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7 0
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9 420.1
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12 2-0
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 21 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before death)	
a. COUNTY <u>NODAWAY</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MARYVILLE</u>		a. STATE <u>MO</u> b. COUNTY <u>NODAWAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MARYVILLE</u>		Length of stay in 1b <u>2005</u>		c. CITY OR TOWN <u>BARNARD</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St FRANCIS Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>BARNARD</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HOWARD EARL BLACK</u>			4. DATE OF DEATH Month Day Year <u>5-18-1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-29-1893</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR <input type="checkbox"/> UNDER 24 HR <input type="checkbox"/> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Union Star, Mo</u>		11. BIRTHPLACE (City and state or country) <u>Star, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>HOMER E Black</u>		13b. MOTHER'S MAIDEN NAME <u>MARY V. Scott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes</u>		17. INFORMANT <u>Mrs. HELEN PALMER-BARNARD</u>		17. NAME OF HUSBAND OR WIFE <u>unknown</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary occlusion & arteriosclerosis & coronary insufficiency</u> DUE TO (b) <u>arteriosclerosis & coronary insufficiency</u> DUE TO (c) <u>coronary insufficiency</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) PART III. Deceased was female who was a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>		
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 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	COUNTY	STATE
21. I attended the deceased from <u>May 16-1962</u> to <u>May 18th</u> and last saw her/him alive on <u>May 18th</u> Death occurred at <u>9:45</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			22c. DATE SIGNED <u>5/18/62</u>		
22a. SIGNATURE <u>H. Bauman</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Maryville Mo</u>		22c. DATE SIGNED <u>5/18/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION (City, town, or county) (State)		
<u>BURIAL</u>	<u>5-20-1962</u>	<u>SAVANNAH CEM</u>	<u>SAVANNAH, MO</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Hitchison-Maryville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-18-62</u>	26. REGISTRAR'S SIGNATURE <u>Beas Bolt</u>		

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 18 1963

MAY 25 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 G M Atkinson

Licensed Embalmer No. 3279
P. O. Address Maryville, 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.