

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020073

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered District No. 346 Primary Registration District No. \_\_\_\_\_ Registrar's No. 233

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10940  
20940

3

4 0

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9578X

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1286-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington - RURAL</b> Length of stay in 1b <b>ST. FRANCOIS TWP.</b>		c. CITY OR TOWN <b>Doe Run</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Thomas Dell Home</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Gen Del</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>John Wesley Black Jr.</b>			4. DATE OF DEATH Month Day Year <b>May 30 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>2/6/88</b>
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>Farming</b>	9. AGE (last birthday) Months Days Hours Min. <b>74</b>
11. BIRTHPLACE (City and state or country) <b>Doe Run Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>u.s.a.</b>	
13a. FATHER'S NAME <b>John Wesley Black Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Triplett</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</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.	17. INFORMANT Address <b>Mrs William King Flat River Mo.</b>
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>Gastrointestinal hemorrhage</b> DUE TO (b) <b>Unknown Cause</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>24 hr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease (condition given in PART I) <b>Stroke Hemiplegia due Cerebral Sclerosis</b>		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 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>1961 10 25/p</b> to <b>May 30/1962</b> and last saw him alive on <b>5/30/62</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R.A. Huckstep M.D.</b>		22b. ADDRESS <b>Farmington, Mo</b>	22c. DATE SIGNED <b>5/31/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/2/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>IOOF</b>	23d. LOCATION (City, town, or county) (State) <b>Doe Run Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>C.H.COZEAN FARMINGTON MO.</b>		25. DATE RECD. BY LOCAL REG. <b>May 31, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Ester Rudloff</b>

USE BLACK INK OR TYPEWRITER RIBBON

407 2150-4557  
JAN 27 1968

**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 \_\_\_\_\_

*C. H. Cozeman*  
4084

Licensed Embalmer No. \_\_\_\_\_

P. O. Address *Farmington 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.

*Signature of Student Embalmer - 407 2150-4557*