

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-02160

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 115

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10975
209712

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94201

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121-0

133-0

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 Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 47 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital		d. STREET ADDRESS (If outside, give location) 336 N. Main	
3. NAME OF DECEASED (Type or print) First Otis Middle Walter Last Temple		4. DATE OF DEATH Month May Day 31 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/16/1879
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Engineer		9b. KIND OF BUSINESS OR INDUSTRY Railroad	9c. AGE (last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Renick, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Isaac Temple		13b. MOTHER'S MAIDEN NAME Ellen Collins	
14. NAME OF HUSBAND OR WIFE Anna Bell Temple		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. DON'T KNOW		17. INFORMANT Mrs. Perry Thomas Slater, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis DUE TO (b) Coronary artery disease DUE TO (c) Chr. myocarditis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH Months Years Years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
20a. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from 1944 to May 31, 1962 and last saw him alive on May 31, 1962 Death occurred at 3:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O.A. McBurney M.D. (Degree or title)		22b. ADDRESS Slater Mo.	
22c. DATE SIGNED 6-2-62		22d. DATE	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 2, 1962	
23c. NAME OF CEMETERY OR CREMATORY Slater (City)		23d. LOCATION (City, town, or county) (State) Slater, Missouri	
24. FUNERAL DIRECTOR Haines Funeral Home Slater, Mo.		25. DATE RECD. BY LOCAL REG. June 2, '62	
26. REGISTRAR'S SIGNATURE Cecil G. Read			

JUN 28 1962

Parent issued June 2 - S.H.B. -

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 Walter J. Kaine

Licensed Embalmer No. 4557

P. O. Address Slater, 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.