

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

881-62-022563

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 123 Primary Registration District No. 200 Registrar's No. 881

FILED JUN 18 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.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Mt. Vernon	
Length of stay in 1b 2 wks.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If outside, give location) 612 So. Vine	
3. NAME OF DECEASED (Type or print) First Rowena Middle McBeath Last Brown		4. DATE OF DEATH Month June Day 2 Year 1962	
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/17/1908
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 52
11. BIRTHPLACE (City and state or country) Hamilton, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert S. McBeath		14. NAME OF HUSBAND OR WIFE Boyden Brown	
13b. MOTHER'S MAIDEN NAME Hulda May		17. INFORMANT Boyden Brown Address Mt. Vernon, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emphysema Far advanced inactive tuberculosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Far advanced inactive tuberculosis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4 1/2	
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 checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 July 3, 1962 to June 2, 1962 and last saw <input checked="" type="checkbox"/> alive on June 2, 1962 . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. Gates Trotter MD		22b. ADDRESS Prof Bldg. Springfield Mo	
22c. DATE SIGNED 6-11-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6/2/1962	23c. NAME OF CEMETERY OR CREMATORY Cumberland Presbyterian Church	23d. LOCATION (City, town, or county) (State) Berwick, Mo.
24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 6-13-62 26. REGISTRAR'S SIGNATURE Effie S. Melton	

USE BLACK INK OR TYPEWRITER RIBBON

JUL 25 1966

Permit received 6-2-62

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 Max C. Frouth

Licensed Embalmer No. 4252

P. O. Address W. Verma Med.

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.