

Dr. Sneed

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-022649**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 913

**FILED JUN 18 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b> Length of stay in lb		c. CITY OR TOWN <b>POMONA</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>D.O.A. ST. JOHN'S HOSPITAL</b> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHN SAMUEL MARCUM</b>			4. DATE OF DEATH Month Day Year <b>JUNE 9 1962</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/28/99</b>
9. AGE (last birthday) <b>62</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>FARMING</b>	11. BIRTHPLACE (City and state and country) <b>BURFIELD, KENTUCKY</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>JOE MARCUM</b>	
13b. MOTHER'S MAIDEN NAME <b>BELLE ALEXANDER</b>		14. NAME OF HUSBAND OR WIFE <b>VIOLET MARCUM</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>YES</b>	17. INFORMANT Address <b>VIOLET MARCUM, POMONA, 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>Chest injury &amp; internal injuries from automobile accident</b> DUE TO (b) <b>remained</b> DUE TO (c) <b>remained</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Two car accident</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>6-9-62</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>U.S-60 Hi-way</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>West of Winona-Shannon MO</b>	
21. I attended the deceased from <b>9 June 62</b> to <b>9 June 62</b> and last saw him alive on <b>9 June 62</b> Death occurred at <b>4:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>William Sneed</i>		22b. ADDRESS <b>307 Professional Building Springfield, Missouri</b>	
22c. DATE SIGNED <b>11 June 1962</b>		22d. LOCATION (City, town, or county) (State) <b>WEST PLAINS, MO.</b>	
23a. BURIAL, CREMATION, or other disposition <b>BURIAL</b>	23b. DATE <b>6-10-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL</b>	23d. LOCATION (City, town, or county) (State) <b>WEST PLAINS, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6-12-62</b>	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>

USE BLACK INK OR TYPEWRITER RIBBON

2-433

JUN 22 1962

JUL 3 1962

Permit serial 6-10-62

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 Lucian T. Shadley

Licensed Embalmer No. 4815

P. O. Address Springfield, 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.