

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023751

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. - Registrar's No. 131

VS 300
Rev. 4/59

10530

20530

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9443X

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1270-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY HARLEDE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY HARLEDE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION TWP		Length of stay in 1b 24 YRS	c. CITY OR TOWN PHILLIPSBURG MO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 MI NORTH
3. NAME OF DECEASED (Type or print) First FANNIE Middle M Last CLANTON		4. DATE OF DEATH JUNE 20 1962 Month Day Year	
5. SEX FEMALE	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 6-25-1917
9. AGE (last birthday) 94		IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) INDIANA
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME DANIEL JOSAIN	
13b. MOTHER'S MAIDEN NAME SARAH ASBURY		14. NAME OF HUSBAND OR WIFE -	
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. -	
17. INFORMANT CARRA WOODHOUSE, PHILLIPSBURG		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPSIS & TERMINAL PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) DECOMPENSATED HYPERTENSIVE HEART DISEASE			
DUE TO (c) ADVANCED ARTERIOSCLEROSIS			
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 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 7/2/56 to 6/20/62 and last saw her live on 6/18/62 Death occurred at 500A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) MD		22b. ADDRESS Manfield, Mo	22c. DATE SIGNED 6/21/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-23-1962	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F	23d. LOCATION (City, town, or county) (State) BOADEN CITY MO
24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD ADDRESS MO		25. DATE RECD. BY LOCAL REG. 6-22-1962	26. REGISTRAR'S SIGNATURE Hella L. May

USE BLACK INK OR TYPEWRITER RIBBON

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 *J. W. Book*

Licensed Embalmer No. 3848

P. O. Address *Mt. Grove 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.

No Permit Issued D. L. D.