

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-024089

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

267
FILED JUL 9 1962

5902 120

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Length of stay in 1b 2 Yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. 2 Box 103		d. STREET ADDRESS (If outside, give location) R. 2 Box 103	
3. NAME OF DECEASED (Type or print) First Middle Last Mattie Lee Anderson		4. DATE OF DEATH Month Day Year June 16, 1962	
5. SEX Female	6. COLOR OR RACE Negro	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11-26-46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY x	11. BIRTHPLACE (City and state or country) Tallossie Co. Miss.
13a. FATHER'S NAME Johnnie Lee Anderson		13b. MOTHER'S MAIDEN NAME Ollie Mae Battest	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No x		16. SOCIAL SECURITY NO. x	
17. INFORMANT Ollie Mae Anderson		Address Hayti, 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) Unknown, Natural- this person died with out Medical attention, Doctor and Coroner report of investigation shows natural death with out any evidence of foul play Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ ~~DUE TO (c)~~			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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 _____, to _____ and last saw her alive on _____ Death occurred at 9:30 A.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charlotte E. Sloan, Registrar		22b. ADDRESS Hayti, Mo.	
22c. DATE SIGNED 6-18-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-21-62	23c. NAME OF CEMETERY OR CREMATORY Homestown Cemetery	23d. LOCATION (City, town, or county) (State) Wardell, Mo.
24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 6-21-62	26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.