

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-025912

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 99

STATE FILE NUMBER

FILED JUL 18 1962

VS 300 Rev. 4/59

1 0055
2 0600
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4 1
5 2
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7 0
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9 0
10 0
11 060
12 2-0
13 2-0

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 <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>McDonald</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Monett</u> | | Length of stay in 1b <u>12 days</u> | c. CITY OR TOWN <u>Rocky Comfort</u> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>St. Vincents</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Rocky Comfort, Mo.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>SARAH</u> Middle <u>CUMI</u> Last <u>BIGGS</u> | | 4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/31/1872</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (City and state or country) <u>Rocky Comfort, Mo.</u> |
| 13a. FATHER'S NAME <u>John Love</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Roseberry</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Olan Biggs Pittsburg, Kans.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic coronary insufficiency with congestive failure</u> DUE TO (b) <u>Post operative fracture neck of Rt. Femur</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parotid gland tumor left</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>11 days</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> | 20b. SUICIDE <input type="checkbox"/> | 20c. 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 <u>7-8-1960</u> to <u>7-14-1962</u> and last saw ^{her} him alive on <u>7-14-1962</u> Death occurred at <u>11:45P.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Robert Roseberry M.D.</u> | | 22b. ADDRESS <u>Monett, Missouri</u> | 22c. DATE SIGNED <u>7-16-62</u> |
| 23a. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u> | 23b. DATE <u>7/17/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Rocky Comfort, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>W. Maris Vogue Wheaton Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-16-62</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs P. J. Cook</u> |

USE BLACK INK OR TYPEWRITER RIBBON

James D. Biehn
 1111 S. 10th St.
 Lawrence, Kan.
 1931

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 W. Morris Payne

Licensed Embalmer No. 3442
 P. O. Address Wheaton 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 this body is not embalmed, fact should be so stated above.