

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026827

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. ~~137~~ Registrar's No. 167

FILED JUL 23 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10421
20420

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4 1
5 1

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7 0
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94200

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12 3-0
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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 <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Windsor</u>		Length of stay in 1b <u>8 wks.</u>	c. CITY OR TOWN <u>Windsor</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Rt. #1</u>
3. NAME OF DECEASED (Type or print) First <u>Etta</u> Middle <u>Chapman</u> Last <u>Clarke</u>		4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-10-1879</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>-</u>	9. AGE (last birthday) <u>82</u>
11a. FATHER'S NAME <u>W.E. Chapman</u>		11b. MOTHER'S MAIDEN NAME <u>Laura B. Johnson</u>	9. AGE (last birthday) <u>82</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.	17. INFORMANT <u>J.M. Clarke</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>Circulatory Collapse</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
DUE TO (b) <u>Total Heart Failure</u>		<u>2 weeks</u>	
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>20 years</u>	
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 <u>3:10</u> a.m. p.m.	Month, Day, Year		
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.)	20f. CITY, TOWN, OR LOCATION <u>Windsor</u>	COUNTY <u>Henry</u>
21. I attended the deceased from <u>May 14, 1962</u> to <u>July 13, 1962</u> and last saw her/him alive on <u>July 13, 1962</u>		Death occurred at <u>3:10</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>William Smith MD</u> (Degree or title)		22b. ADDRESS <u>103 W. Colt Windsor, Mo.</u>	22c. DATE SIGNED <u>7-17-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATA <u>7-14-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Windsor Mo.</u>
24. FUNERAL DIRECTOR <u>Ellis M. Huston,</u>	ADDRESS <u>Windsor, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 19, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Begum</u>

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 Elaine Houston

Licensed Embalmer No. 3391

P. O. Address Winder, 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.