

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027882

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 25-62

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 24 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Miller</b>		a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Tuscumbia</b>		Length of stay in 1b <b>1 week</b>	c. CITY OR TOWN <b>Eldon.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Humphreys Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>114 West 8th</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>Melinda</b> Middle <b>Ann</b> Last <b>Flaughter</b>		Month <b>July</b> Day <b>17</b> Year <b>1962</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>caucasian</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/27/76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>85</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) <b>Tuscumbia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Allen Burnett</b>		13b. MOTHER'S MAIDEN NAME <b>Pauline Capps</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>none</b>	
17. INFORMANT <b>Mrs. Sylvia Jarrett, Eldon, Missouri</b>		14. NAME OF HUSBAND OR WIFE <b>Charles P. Flaughter</b> 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) <b>Eubolism - Pulmonary</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 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 <b>7-11-62</b> to <b>7-17-62</b> and last saw her <b>alive</b> on <b>7-17-62</b> Death occurred at <b>10:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>M. E. Humphreys D.O.</b>		22b. ADDRESS <b>Tuscumbia, Mo.</b>	22c. DATE SIGNED <b>7-20-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7/20/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion</b>	23d. LOCATION (City, town, or county) (State) <b>Tuscumbia Missouri</b>
24. FUNERAL DIRECTOR <b>Phillips Funeral Home, Eldon, Missouri</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>7-21-1962</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. D. E. Kallenbach</b>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 <u>0660</u>
2 <u>0661</u>
3 <u>2</u>
4 <u>1</u>
5 <u>2</u>
6
7 <u>0</u>
8 <u>0</u>
9 <u>9</u>
10 <u>8</u>
11 <u>1</u>
12 <u>1-2</u>
13 <u>1-0</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 D. E. Phillips

Licensed Embalmer No. 5108

P. O. Address Ellettsville

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.