

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028047

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 5910 Registrar's No. 50

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 30 1962

1. PLACE OF DEATH
 a. COUNTY Pemiscot
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pemiscot TWP Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pemiscot
 c. CITY OR TOWN Steele, Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rt. 3, Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Robert Delwelt WHITE July 16, 1962

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 5-10-1942 9. AGE (last birthday) 20
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Halls, Tennessee 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Robert Delwelt 13b. MOTHER'S MAIDEN NAME Clara Lloyd 14. NAME OF HUSBAND OR WIFE None

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 Altha M. White, Rt. 3, Steele, Mo. 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) Accidental Drowning -
Body Missing for 2 days
 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.
 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 _____ a.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.) Miss. River 20f. CITY, TOWN, OR LOCATION Wattenswood Park, Pemiscot, Mo. COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 4:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jersey Debus, Coroner 22b. ADDRESS Wardell, Mo 22c. DATE SIGNED 7-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-17-62 23c. NAME OF CEMETERY OR CREMATORY Holly Grove Cemetery 23d. LOCATION (City, town, or county) Steele, Missouri. (State)

24. FUNERAL DIRECTOR John W. German Funeral Home, Hayti, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 7-18-1962 26. REGISTRAR'S SIGNATURE Jack W Tipton

1 0780

2 0780

3

4 2

5 1

6

7 1

8 2

9 9298

10 42

11 078

12 91-3

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

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 _____

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:

Not Embalmed
Not Embalmed
Not Embalmed