

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-030187

STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 5155 Registrar's No. 21

FILED SEP 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10130
3130

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11013
1291-3
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New York Twn.		Length of stay in lb 12yrs	c. CITY OR TOWN Cowgill, Mo RFD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4mi.No.on Co.B off State 116		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Thomas Middle Marion Last Rash		4. DATE OF DEATH Month AUG Day 31 Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-25-647
9. AGE (last birthday) 15yrs		IF UNDER 1 YEAR Months Days 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy		10b. KIND OF BUSINESS OR INDUSTRY Junior in High School	11. BIRTHPLACE (City and state or country) Rockport, Mo
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Thomas Steward Rash	
13b. MOTHER'S MAIDEN NAME Docia Miller		14. NAME OF HUSBAND OR WIFE schoolboy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ----	17. INFORMANT Address Thomas Steward Rash, Cowgill, 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) cervical fracture Auto accident 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. <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 s.m. p.m. 	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 _____ to _____ and last saw her/him alive on _____ Death occurred at 4:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. P. Elster D.O. Coroner (Degree or title)		22b. ADDRESS Hamilton, Mo.	22c. DATE SIGNED 8-31-62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-4-62	23c. NAME OF CEMETERY OR CREMATORY GreenHill Cem.	23d. LOCATION (City, town, or county) Rockport, Mo
24. FUNERAL DIRECTOR Mead - Pitts ADDRESS Braymer, Mo	25. DATE RECD. BY LOCAL REG. Sept. 6 - 1962	26. REGISTRAR'S SIGNATURE Mrs. Ruth Ann Ziegler	

SEP 12 1962

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 *Bernard F. Mead*

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.