

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030321

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 604 Primary Registration District No. 4109 Registrar's No. 27

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

6210
26210

3
4 0
5 1
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11 021
12 91-3
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 20 1962

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHAITON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KEYTESVILLE</u>		Length of stay in 1b	c. CITY OR TOWN <u>BRUNSWICK</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 MI WEST</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>HIWAY Y</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM MIKE GRACE</u>		4. DATE OF DEATH Month Day Year <u>8-9-1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>9-28-1916</u>
9. AGE (last birthday) <u>45</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONSTRUCTION</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRAGLINE OPP</u>	11. BIRTHPLACE (City and state or country) <u>BRUNSWICK MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>MAYO GRACE</u>	
13b. MOTHER'S MAIDEN NAME <u>GERTRUDE</u>		14. NAME OF HUSBAND OR WIFE <u>FREDA GRACE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs Freda Grace Brunswick</u>		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) <u>Skull fracture in fore part of head</u> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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 checked="" 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.) <u>Truck Hauling Drag Line, Hit Marshall's Bridge</u>	
20c. TIME OF INJURY Hour <u>2:20</u> Month, Day, Year <u>8-9-1962</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>Marshall's Bridge Highway # 24</u>		
20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) <u>Keytesville</u>		20f. CITY, TOWN, OR LOCATION <u>Keytesville</u>	COUNTY <u>Chariton</u> STATE <u>MO.</u>
21. I attended the deceased from <u>2:20 P.</u> to <u> </u> and last saw her/him alive on <u> </u> Death occurred at <u>2:20 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. D. Stewart Coroner of Chariton County Keytesville MO</u>		22b. ADDRESS	22c. DATE SIGNED <u>8-9-1962</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-11-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BRUNSWICK CITY</u>	23d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO.</u>
24. FUNERAL DIRECTOR <u>L. E. Mc Curry Brunswick MO</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>8-12-1962</u>	26. REGISTRAR'S SIGNATURE <u>Donald W. Berry</u>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 24 1962

AUG 28 1962
AUG 21 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 F. E. McCurry

Licensed Embalmer No. 4806

P. O. Address Brunswick 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.