

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-030502

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 1978

FILED SEP 10 1962

VS 300
Rev. 4/59

10310
20310

3
4 1
5 1
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7 0
8 0
94201
10
11
12 90-2
13 1-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY DAVIESS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY DAVIESS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOCK SPRINGS		c. CITY OR TOWN LOCK SPRINGS	
Length of stay in lb 18 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NO ST. ADDRESS		d. STREET ADDRESS (If outside, give location) NO STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First MOLLIE Middle ALICE Last STARRETT		4. DATE OF DEATH Month AUGUST Day 5 Year 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/29/1874
9. AGE (last birthday) 87		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) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) LOCK SPRINGS, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME E.S. RAGAN	
13b. MOTHER'S MAIDEN NAME NANCY GROOM		14. NAME OF HUSBAND OR WIFE LOUIS W. STARRETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address L.W. STARRETT: LOCKSPRINGS, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Myocardial Infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 5 min. 15 yrs. 40 yrs.
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 1955 to Aug 5-62 and last saw her live on Aug 3-62 Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.B. Bailey M.D.		22b. ADDRESS Quincyport, Mo.	
22c. DATE SIGNED 8-5-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/8/62	23c. NAME OF CEMETERY OR CREMATORY LOCK SPRINGS CEMETERY	23d. LOCATION (City, town, or county) (State) LOCK SPRINGS, MISSOURI
24. FUNERAL DIRECTOR ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo.		25. DATE RECD. BY LOCAL REG. 9-4-62	26. REGISTRAR'S SIGNATURE Virgil M. Engelhart

USE BLACK INK OR TYPEWRITER RIBBON

Date Mailed to Dr. Bailey 8/6/62
Date rec'd. from Dr. Bailey 8-27-1962

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



Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, MISSOURI

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.