

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030532

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 162

FILED SEP 4 1962

VS 300  
Rev. 4/59

1 0355

2 0355

3

4 1

5 2

6

7 1

8 2

9 420.1

10

11

12 2-0

13 5-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Dunklin</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>906 North St.</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>Vernie</u> Middle <u>Via</u> Last <u>French</u>		Month <u>August</u> Day <u>26</u> Year <u>1962</u>	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
<u>female</u>	<u>white</u>		<u>3/11/1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday)
<u>Housewife</u>		<u>none</u>	<u>76</u>
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<u>Obion Co. Tenn.</u>		<u>USA</u>	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE	
<u>W.C. Via</u>		<u>Algie French (dec'd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<u>no</u>		<u>none</u>	
17. INFORMANT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
<u>Allie Mae Rogers-Kennett, Mo.</u>		IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>	
		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.	
<u>Lobar Pneumonia, Left Lung</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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
		<u>Aug. 26, 1962</u>	
21. I attended the deceased from <u>Aug. 13, 1962</u> to <u>Aug. 26, 1962</u> and last saw <sup>her</sup> <del>him</del> alive on _____			
Death occurred <u>11:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS	
<u>Quinton Tarver, M.D.</u>		<u>Kennett, Mo.</u>	
22c. DATE SIGNED		23a. BURIAL, CREMATION, REMOVAL (Specify)	
<u>8-27-62</u>		<u>Burial</u>	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<u>8/28/1962</u>		<u>Liberty</u>	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
<u>McDaniel Funeral Ser. Kennett, Mo.</u>		<u>8-28-1962</u>	
26. REGISTRAR'S SIGNATURE			
<u>Earl Husband</u>			

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 Tommy L. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennett, 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.