

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-031673

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 73

FILED SEP 5 1962

VS 300
Rev. 4/59

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1291-3
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY LEWIS		a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN REDDISH		c. CITY OR TOWN WILLIAMSTOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 MILE SO. OF WMSTOWN		d. STREET ADDRESS (If outside, give location) 1 MILE SOUTH OF WMSTOWN	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First ROBERT Middle ELMO Last MORROW		Month AUGUST Day 29 , Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/3/25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL	9. AGE (last birthday) 37 years
11a. FATHER'S NAME WILLIAM MORROW		11b. MOTHER'S MAIDEN NAME FLORENCE GUSEMAN	11. BIRTHPLACE (City and state or country) WILLIAMSTOWN, MO.
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12b. SOCIAL SECURITY NO. _____	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:		14. NAME OF HUSBAND OR WIFE NONE	
IMMEDIATE CAUSE (a) Served artery in head		INTERVAL BETWEEN ONSET AND DEATH 10 hrs.	
DUE TO (b) Being struck by shovel			
DUE TO (c) Peace disturbance			
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 checked="" 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.) Struck by hand shovel on head	
20c. TIME OF INJURY Hour 2 P.M. Month, Day, Year 8-29-62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 410 Blaud St.	20f. CITY TOWN, OR LOCATION Canton, Lewis, Missouri	20e. COUNTY STATE
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.			
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Carl St. Barkley, Coroner		22b. ADDRESS Canton, Missouri	22c. DATE SIGNED 8-31-62
22d. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/31/62	23c. NAME OF CEMETERY OR CREMATORY PROVIDENCE	23d. LOCATION (City, town, or county) (State) WILLIAMSTOWN, MISSOURI
24. FUNERAL DIRECTOR Charles L. Arnold, Jr.	ADDRESS LEWISTOWN, MO.	25. DATE RECD. BY LOCAL REG. 9-1-62	26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

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 Charles L. Arnold

Licensed Embalmer No. #4667

P. O. Address LEWISTOWN, 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.