MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-031926
STATE FILE NUMBER

Registration District No. 234 Primary Registration District No. 5876 Registrar's No. 43

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0750
2 0750
3
4 1
5 2
6
7 1
8 0
9 199.2
10
11
12 90-2
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED AUG 22 1962

1. PLACE OF DEATH
a. COUNTY: OREGON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BARDLEY
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: OREGON
c. CITY OR TOWN: BARDLEY
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3 miles north of Bardley
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: BETTY Middle: — Last: ROBERTS
4. DATE OF DEATH: Month 8 Day 11 Year 62
5. SEX: F
6. COLOR OR RACE: W.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-6-74
9. AGE (last birthday): 88 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): KY
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Delbert F. HURTT
13b. MOTHER'S MAIDEN NAME: MARY J. —
14. NAME OF HUSBAND OR WIFE: DEC.
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.: —
17. INFORMANT: W. H. ROBERTS Address: Bardley, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal C.A. Case
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senile Body changes.
DUE TO (c) Aged.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: Bardley COUNTY: Oregon STATE: Mo.

21. I attended the deceased from 2-14-49, to 8-11-62 and last saw him/her alive on 8-9-62
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. Carhart (Degree or title) D.O.
22b. ADDRESS: Alton, Mo
22c. DATE SIGNED: 8-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/13/62
23c. NAME OF CEMETERY OR CREMATORY: PINE CEMETERY
23d. LOCATION (City, town, or county) (State): RIPLEY COUNTY MO
24. FUNERAL DIRECTOR: John D Clary ADDRESS: alton mo
25. DATE RECD. BY LOCAL REG.: 8-13-62
26. REGISTRAR'S SIGNATURE: Roy D Bledsoe per R.H.

(Licensed Embalmer's Statement on Reverse Side)

Burial Permit Obtained - 8-13-62 Roy & Gladwin rh.

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 John D. Clary

Licensed Embalmer No. 4475

P. O. Address Box 398, Alton, 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.