

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-031939

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 160

FILED SEP 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pemiscott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		c. CITY OR TOWN Conran	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Hospital		d. STREET ADDRESS (If outside, give location) 2 miles S. W. Conran	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Robbie Lynn Harper			4. DATE OF DEATH Month Day Year Aug 29 1962
5. SEX Female	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 Aug 15, 60
9. AGE (last birthday) 2		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hayti, Missouri
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME Junior Harper	
13b. MOTHER'S MAIDEN NAME Violet Pattinson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Junior Harper Conran, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (d). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Starvation & dehydration neglect & echovirus infection Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) 3 days DUE TO (c) 15 days		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 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 28 Aug to 29 Aug and last saw her alive on 29 Aug 62 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) R.S. Smith M.D.		22b. ADDRESS Portageville, Mo	22c. DATE SIGNED 8-31-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 31, 1962	23c. NAME OF CEMETERY OR CREMATORY Mounds Cemetery	23d. LOCATION (City, town, or county) (State) Lilbourn, Mo.
24. FUNERAL DIRECTOR Ponder Funeral Home Lilbourn, Mo.		25. DATE RECD. BY LOCAL REG. 8-31-62	26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

SEP 12 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. 5030
P. O. Address Lithonia, 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.