

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-032044

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 4415 Registrar's No. 126

FILED SEP 14 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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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 Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clarksville		Length of stay in 1b Life Time	c. CITY OR TOWN Clarksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Gen Del. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Dollie - Washington			4. DATE OF DEATH Month Day Year Aug 25 1962
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/15/1871
9. AGE (last birthday) 90		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home Making	11. BIRTHPLACE (City and state or country) Pike Co. Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME (U.K.) Daniel		13b. MOTHER'S MAIDEN NAME Georgiana Daniels	
14. NAME OF HUSBAND OR WIFE (U.K.)			
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 Emma Turner		Address Clarksville 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) cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 d.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis			years.
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. <input type="checkbox"/> Yes <input checked="" 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
21. I attended the deceased from <u>8-17-61</u> to <u>death</u> and last saw <u>her</u> alive on <u>8-23-62</u> Death occurred at <u>6:25 pm CST</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edward K. Vachon M.D.		22b. ADDRESS Clarkville, Mo.	22c. DATE SIGNED 8/28/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/28/1962	23c. NAME OF CEMETERY OR CREMATORY GreenWood Cemetery	23d. LOCATION (City, town, or county) (State) Clarkville, Missouri
24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. Sept 10, 1962	26. REGISTRAR'S SIGNATURE Bernice Collier

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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.

RECEIVED, _____
