

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033986

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

53 Primary Registration District No. 3010 Registrar's No. 408  
FILED SEP 24 1962

VS 300  
Rev. 4/59

5/68  
2/030

3  
4 1  
5 2  
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7 1  
8 2  
99160  
10 16  
11 115  
12 3-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau, Mo</b> Length of stay in lb <b>6 days</b>		c. CITY OR TOWN <b>Puxico</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Southeast Mo Hospital</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>G.D</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Minnie</b> Middle <b>Mae</b> Last <b>Beard</b>			4. DATE OF DEATH Month <b>9</b> Day <b>13</b> Year <b>1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-11-1871</b>
9. AGE (last birthday) <b>91</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>13</b>	IF UNDER 24 HR Hours <b>13</b> Min. <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Newberry Ind</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Geo W Harbin</b>	
13b. MOTHER'S MAIDEN NAME <b>Octain Crosslin</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Cape Girardeau, Mo.</b>	
17. INFORMANT <b>Irvin Beard 132 So Louisiana</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>second and third degree burns of 1/2 of body</b> DUE TO (b) <b>6 days</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. <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 checked="" 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.) <b>Clotter caught fire at cook stove</b>		20c. TIME OF INJURY Hour <b>9</b> m. <b>9-7-62</b> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
20f. CITY, TOWN, OR LOCATION <b>Cape Girardeau</b>		COUNTY <b>MO</b> STATE <b>MO</b>	
21. I attended the deceased from <b>Sept 7, 1962</b> to <b>Sept 13, 1962</b> and last saw her/him alive on <b>Sept 13, 1962</b> Death occurred at <b>1:31 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>P.C. Ritter, M.D.</b>		22b. ADDRESS <b>Cape Girardeau Mo 9-B-62</b>	
22c. DATE SIGNED <b>9-15-62</b>		23d. LOCATION (City, town, or county) (State) <b>Puxico, Mo.</b>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>burial</b>		23b. DATE <b>9-15-62</b>	
23c. NAME OF CEMETERY OR CREMATOR <b>Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Puxico, Mo.</b>	
24. FUNERAL DIRECTOR <b>Watkins &amp; Sons</b> ADDRESS <b>Puxico, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-17-62</b>	
26. REGISTRAR'S SIGNATURE <b>Irvin Beard</b>			

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 Marsh Watkins

Licensed Embalmer No. 4712

P. O. Address Dexter 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.