MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034156
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 368

FILED OCT 1 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: Morgan
c. CITY OR TOWN: Fortuna
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2 mile West
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Clevie Middle: (none) Last: Etherton
4. DATE OF DEATH: Month: Sept. Day: 23 Year: 1962
5. SEX: Fe
6. COLOR OR RACE: Cau.
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: Sept. 3, 88
9. AGE (last birthday): 74
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): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Richland, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Fred Etherton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Fred Etherton Address: Fortuna, 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): Cerebral Vascular Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 3 Weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): Dehydration, Malnutrition
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 COUNTY STATE
21. I attended the deceased from 9/20/62 to 9/23/62 and last saw her alive on 9/22/62
Death occurred at 3⁰⁰ A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: J. S. Sandman (Degree or title) MD
22b. ADDRESS: 515 E. High St, Jeff. City, Mo.
22c. DATE SIGNED: 9/23/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 25 Sept. 62
23c. NAME OF CEMETERY OR CREMATORY: Richland Cemetery
23d. LOCATION (City, town, or county) (State): Richland, Mo.
24. FUNERAL DIRECTOR: Kidwell Funeral Home ADDRESS: Versailles, Mo.
25. DATE RECD. BY LOCAL REG.: 23 September 1962
26. REGISTRAR'S SIGNATURE: R. P. Darrin Mr. Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 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 Raymond Harker

Licensed Embalmer No. 4626

P. O. Address Versailles, Me.

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.