

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035614

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5900 Registrar's No. 162

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
10 7 90
2780
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4 3
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11 0 79
12 91-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pemiscot	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWNSHIP Braggadocio Township		Length of stay in 1b 1 yr.	c. CITY OR TOWN Bragg City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1, Bragg City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Rt. 1 Box 148 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rose Middle Mary Last Scott			4. DATE OF DEATH Month Sept. Day 8 Year 1962
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-3-1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX	9. AGE (last birthday) 1 IF UNDER 1 YEAR Months 0 Days 5 IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Hayti, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Chester Scott		13b. MOTHER'S MAIDEN NAME Earslean Oglesby	
14. NAME OF HUSBAND OR WIFE none		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. XX		17. INFORMANT Address Betty Jean Bryant, Rt. 1, Bragg City	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidentally drowned			INTERVAL BETWEEN ONSET AND DEATH
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)			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.) Cuts over turned off bridge in water	
20c. TIME OF INJURY Hour 11 Month, Day, Year 9-8-62	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.) Public Road		
21. I attended the deceased from _____ to _____ and last saw him alive on _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE near Soble, Pemiscot, Mo.	
Death occurred at 6:00 p. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James G. Deben, Coroner		22b. ADDRESS Wassell Mo	22c. DATE SIGNED 9-8-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-9-62	23c. NAME OF CEMETERY OR CREMATORY St. John Cemetery	23d. LOCATION (City, town, or county) (State) Rt. 1, Hayti, Mo.
24. FUNERAL DIRECTOR ADDRESS Osburn Funeral Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 9-9-62	26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

BODY WAS NOT EMBALMED
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

BODY WAS NOT EMBALMED
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.