

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035701

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 777 Primary Registration District No. 5949 Registrar's No. 48

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 25 1962

VS 300
Rev. 4/59

1820
2820

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9570.5

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1270-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pike		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RFD Bowling Green		a. STATE Missouri COUNTY Pike		c. CITY OR TOWN RFD Bowling Green	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cuivre Township		Length of stay in 1b Life		d. STREET ADDRESS (If outside, give location) Cuivre Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Annie		Middle Grace		Last Gorton		Month Sept Day 10 Year 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 9-27-01	9. AGE (last birthday) 60	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Bowling Green, Mo.	12. CITIZEN OF WHAT COUNTRY US		
13a. FATHER'S NAME Charles Gorton			13b. MOTHER'S MAIDEN NAME Ruth Ella Johnson		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. none		17. INFORMANT Mrs. Harry Reeder Address Bowling Green		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Peripheral Circulatory Collapse						4 5 min.	
DUE TO (b) Congestive Heart Failure						6 hr.	
DUE TO (c) Toxemia From Intestinal Obstruction						5 days	
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 checked="" 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 type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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>9/10/62</u> to <u>9/10/62</u> and last saw her alive on <u>9/10/62</u>				Death occurred at <u>10:40 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John E. D. [Signature] (Degree or title)				22b. ADDRESS 214 W. Church, Bowling Green, Mo.		22c. DATE SIGNED 9/13/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-13-62	23c. NAME OF CEMETERY OR CREMATORY Bowling Green City Cem.		23d. LOCATION (City, town, or county) Bowling Green, Mo.		(State)
24. FUNERAL DIRECTOR J. O. Mudd ADDRESS Bowling Green, Mo.			25. DATE RECD. BY LOCAL REG. Sept 13 1962		26. REGISTRAR'S SIGNATURE Maides E. Williams		

9-13-1962
Burial permit issued
Mailee E. Williams
Local Registrar

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 James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.