

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-037560

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 11 Primary Registration District No. 5048 Registrar's No. 86

FILED OCT 25 1962

1. PLACE OF DEATH a. COUNTY <b>BARRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>McDONALD</b>		Length of stay in 1b <b>6 mo.</b>	c. CITY OR TOWN <b>GRANBY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Purdy Rt. #2</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Purdy Rt. #2</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LEE</b> Middle <b>(X) HAWORTH</b> Last			4. DATE OF DEATH Month <b>OCT.</b> Day <b>15</b> Year <b>1962</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/15/88</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>	11. BIRTHPLACE (City and state or country) <b>BARRY CO., MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>W.P. HAWORTH</b>		13b. MOTHER'S MAIDEN NAME <b>LUSIA REYNOLDS</b>		14. NAME OF HUSBAND OR WIFE <b>MYRTLEY HAWORTH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>yes</b>		17. INFORMANT Address <b>Loren Haworth, Rt. 2 Purdy, Mo.</b>	

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) <b>Acute Circulatory Failure</b>		<b>30 min</b>
DUE TO (b) <b>Arterial Sclerosis</b>		<b>indef</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"/> N. <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 checked="" 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 <b>April 16/62</b> to <b>Oct 15/62</b> and last saw <sup>NEW</sup> him alive on <b>10/15/62</b> Death occurred at <b>10:45</b> P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Hermit Howell</i> D.O.		22b. ADDRESS <b>Purdy, Mo.</b>	22c. DATE SIGNED <b>10/16/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/18/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Newtonia I.O.O.F.</b>	23d. LOCATION (City, town, or county) (State) <b>Newton Co., Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>D.E. Williamson, Cassville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 17-1962</b>	26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.	
									1. <b>0050</b>
									2. <b>0730</b>
									3. <b>2</b>
									4. <b>0</b>
									5. <b>1</b>
									6. <b>0</b>
									7. <b>0</b>
									8. <b>0</b>
									9. <b>4500</b>
10. <b>1290-2</b>									
11. <b>131-0</b>									

USE BLACK INK OR TYPEWRITER RIBBON

Revised Permit of Embalmer  
D. W.

**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 *Hyb E. Williams*

Licensed Embalmer No. 4883

P. O. Address Cassville, 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.