

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039261

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 182 Primary Registration District No. 5595 Registrar's No. 137

FILED NOV 15 1962

VS 300
Rev. 4/59

1 0500

2 0500

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4 0

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9 4200

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12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Rock Township Length of stay in lb 3 yrs.		c. CITY OR TOWN rural Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 21 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS R. R. 2 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
R. R. 2 House Springs, Mo.		House Springs, Mo.	
3. NAME OF DECEASED (Type or print) First Charles Middle Radford Last Radford			4. DATE OF DEATH Month Nov. Day 3 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 1, 1892
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Machinist	11. BIRTHPLACE (City and state or country) Centerville, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Elijah Radford	
13b. MOTHER'S MAIDEN NAME Sarah McLaughlin		14. NAME OF HUSBAND OR WIFE Mary Alice (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Carl Radford		Address House Springs, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Acute Myocardial Infarction (Recent)</i></u> INTERVAL BETWEEN ONSET AND DEATH <u><i>few hrs.</i></u> DUE TO (b) <u><i>Ald Myocardial Infarction</i></u> <u><i>19.45</i></u> DUE TO (c) <u><i>Atherosclerotic heart disease</i></u>			
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.)	
20c. TIME OF INJURY Hour 7:00 a.m. 7:00 p.m.		Month, Day, Year 1942	
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 1942 to 1962 and last saw him alive on Oct 15		Death occurred at 7:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u><i>Am Boyd M.D.</i></u> (Degree or title)		22b. ADDRESS 1703 So Grand	22c. DATE SIGNED 11-3-62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 5, 62	23c. NAME OF CEMETERY OR CREMATORY Steelville	23d. LOCATION (City, town, or county) (State) Steelville, Mo
24. FUNERAL DIRECTOR Heiligtag, Imperial, Mo.		25. DATE RECD. BY LOCAL REG. 11-5-62	26. REGISTRAR'S SIGNATURE <u><i>Robert E. Bauer</i></u>

NOV 21 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 Emme Healyton

Licensed Embalmer No. 3591

P. O. Address Imperial 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.