

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039569

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 243 Primary Registration District No. 5833 Registrar's No. 61

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED OCT 31 1962	
1. PLACE OF DEATH	
a. COUNTY NEWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Newtonia, twp. Length of stay in lb 4 hours	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Missouri COUNTY Barry	
c. CITY OR TOWN Butterfield Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CECIL MACK HARRELL	
4. DATE OF DEATH October 10, 1962 Month Day Year	
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-5-1912
9. AGE (last birthday) 50 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country)	
12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Drowning	
DUE TO (b) Carbon Monoxide Poisoning	
DUE TO (c) Collection of gas in bottom of well	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
Subject was cleaning well, entering after running engine	
PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 20.) Subject lost consciousness at bottom of well and fell in water	
20c. TIME OF INJURY Hour Month, Day, Year 10:00 AM 10-10-62	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) on farm	
20f. CITY, TOWN, OR LOCATION COUNTY STATE 3 Mi. SE Stark City, Neton, Mo.	
21. I attended the deceased from did not attend , to _____ and last saw her alive on _____ Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Coroner James J. Harbeck 22b. ADDRESS 118 W. Main, Neosho, Mo. 22c. DATE SIGNED 10-10-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-14-62 23c. NAME OF CEMETERY OR CREMATORY Butterfield Cem 23d. LOCATION (City, town, or county) (State) Butterfield Mo.	
24. FUNERAL DIRECTOR ADDRESS McQueen Funeral Home Wheaton, Mo. 25. DATE RECD. BY LOCAL REG. 10-11-62 26. REGISTRAR'S SIGNATURE Marred Moberly	

7967 78 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

Paul D. Herbster

Licensed Embalmer No.

45-76

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.