# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041410
STATE FILE NUMBER

Registration District No. 377 Primary Registration District No. 4543 Registrar's No. 52

FILED NOV 13 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

| Item No. | Should Read | Instead of | Date Amended |
|---|---|---|---|
| 1 | 1120 | | |
| 2 | 1120 | | |
| 3 | 1 | | |
| 4 | 1 | | |
| 5 | 0 | | |
| 6 | | | |
| 7 | 0 | | |
| 8 | 2 | | |
| 9 | 776X | | |
| 10 | | | |
| 11 | | | |
| 12 | 20-6 | | |
| 13 | 3-1 | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

**1. PLACE OF DEATH**
a. COUNTY: WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MARSHFIELD — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MARSHFIELD CLINIC — Inside Limits: Yes ☑ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: WEBSTER
c. CITY OR TOWN: SEYMOUR — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Route 4 — Reside on Farm: Yes ☑ No ☐

**3. NAME OF DECEASED** (Type or print): First: INFANT Middle: Last:

**4. DATE OF DEATH**: Month: 9 Day: 29 Year: 62

**5. SEX**: FEMALE

**6. COLOR OR RACE**: WHITE

**7.** Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**: 9-29-62

**9. AGE** (last birthday): IF UNDER 1 YEAR — Months: Days: IF UNDER 24 HR — Hours: 2 Min.: 35

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and state or country): WEBSTER Co. Mo.

**12. CITIZEN OF WHAT COUNTRY**: U.S.A.

**13a. FATHER'S NAME**: JAMES E. BASS

**13b. MOTHER'S MAIDEN NAME**: EDITH KAY HIGHFILL

**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): None

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT**: JAMES E. BASS Address: SEYMOUR, Mo. RT 4

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PREMATURITY (BIRTH WT 1 lb. 13 oz.) — INTERVAL BETWEEN ONSET AND DEATH: 2 hr. 35 min.
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. ☐ Yes ☐ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☑

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**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 ☐ NOT WHILE AT WORK ☐

**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 9-29-62, to 9-29-62 and last saw her alive on 9-29-62

Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): R. J. Barcir, M.D.

**22b. ADDRESS**: Marshfield, Mo.

**22c. DATE SIGNED**: 10-4-62

**23a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL

**23b. DATE**: 10-1-62

**23c. NAME OF CEMETERY** ~~OR CREMATORY~~: SEYMOUR MASONIC

**23d. LOCATION** (City, town, or county): WEBSTER Co. (State): Mo.

**24. FUNERAL DIRECTOR**: Robert Bergman

**ADDRESS**: Seymour, Mo.

**25. DATE RECD. BY LOCAL REG.**: 11-5-62

**26. REGISTRAR'S SIGNATURE**: [signature]

(Licensed Embalmer's Statement on Reverse Side)

**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.

Not Embalmed

Student_____
Signature of Student Embalmer

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.