

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042281

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1737

FILED DEC 3 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Greene		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		a. STATE Missouri b. COUNTY Dallas	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b Life		c. CITY OR TOWN Elkland	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Protestant Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Rt. 2	
3. NAME OF DECEASED (Type or print)		First Larry Middle Duane Last Metcalf		4. DATE OF DEATH Nov. 22, 1962	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 5, 1945	9. AGE (last birthday) 17	IF UNDER 1 YEAR Months 1 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (City and state or country) Dallas County Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME A.A. Metcalf		13b. MOTHER'S MAIDEN NAME Violet Ford	
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 A.A. Metcalf		Address Elkland, 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) Laceration brain, fracture skull	
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. <input 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 checked="" 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.) One auto collision			
20c. TIME OF INJURY 1:30 a.m.		Month, Day, Year 11-22-62			
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.) 1/2 mi east of Route W on Route M		20f. CITY, TOWN, OR LOCATION Dallas COUNTY Mo STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on 11-22-62 only . Death occurred at 3:25 PM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W.C. Francis, M.D.		(Degree or title)		22b. ADDRESS 600 S. Glenstone	
22c. DATE SIGNED 11/26/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 25, 1962	
23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		23d. LOCATION (City, town, or county) Buffalo, Missouri		24. FUNERAL DIRECTOR Montgomery Funeral Home	
25. DATE RECD. BY LOCAL REG. 11-27-62		26. REGISTRAR'S SIGNATURE Effie G. Melton			

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

VS 300
Rev. 4/59
6397
20300
3
4 **0**
5 **0**
6
7 **0**
8 **2**
98194
10 **31**
11 **030**
12 **1-0**
13

W.C. FRANCIS, M.D.
 USE BLACK INK
 OR
 TYPEWRITER RIBBON

DEC 3 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 Vernon H. Viets
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

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.