

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043206

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 71

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 27 1962

VS 300  
Rev. 4/59

1 0505

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>DeSoto</b>		Length of stay in lb <b>20 Yrs</b>	c. CITY OR TOWN <b>DeSoto</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>126 E. Kelly St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>126 E. Kelly St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print): First <b>Zelonia</b> Middle <b>Victoria</b> Last <b>Christopher</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>23</b> Year <b>1962</b>
5. SEX <b>F</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>2/15/81</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9c. AGE (last birthday) <b>81</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	10c. BIRTHPLACE (City and state or country) <b>Hazel Run, Mo.</b>
10d. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11. BIRTHPLACE (City and state or country) <b>Hazel Run, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. NAME OF HUSBAND OR WIFE <b>Robert Christopher</b>	
13a. FATHER'S NAME <b>Jonathan Bess</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Johnson</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>None</b>	
17. INFORMANT <b>Estelle Haverstick, DeSoto, Mo.</b>		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) <b>Carcinoma of Breast &amp; Gen. metastasis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1959.</b>
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 checked="" type="checkbox"/> No <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.) <b>no.</b>	
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 <b>DeSoto, Mo.</b>
21. I attended the deceased from <b>Nov 24, 1952</b> to <b>Nov 23, 1962</b> and last saw her alive on <b>Nov 16, 62</b> Death occurred at <b>12:30 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Marie Harris M.D.</b>		22b. ADDRESS <b>DeSoto, Mo.</b>	22c. DATE SIGNED <b>11-24-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/25/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Adams</b>	23d. LOCATION (City, town, or county) (State) <b>Near DeSoto Mo.</b>
24. FUNERAL DIRECTOR <b>J. L. Mothershead</b>		ADDRESS <b>DeSoto, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Nov 24-62</b>
		26. REGISTRAR'S SIGNATURE <b>Marie Harris</b>	

*Summit Herald 11-24-62 M.D.*

**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 *J. S. Mothershead*

Licensed Embalmer No. 3531

P. O. Address Detroit MI

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.