

MISSOURI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-043620

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 5911 Registrar's No. 215

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 29 1962

VS 300
Rev. 4/59

10790
20790
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4 1
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9332X
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bragg City Rt. 1 | | Length of stay in lb 34 Years | c. CITY OR TOWN Bragg City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Bragg City Rt. 1 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rt. 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Ida Middle Last Tabor | | | 4. DATE OF DEATH Month 11- Day 21- Year 1962 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-23-1882 |
| 9. AGE (last birthday) 80 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Whitener Ark. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Monroe McDonald | |
| 13b. MOTHER'S MAIDEN NAME Sarah Harp | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 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. XX | 17. INFORMANT Tommy Tabor Bragg City Mo. Rt. 1 |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 1 wk |
| 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 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 Month, Day, Year a.m. p.m. | 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 1 Nov 62 to 20 Nov 62 and last saw her alive on 20 Nov 62 . Death occurred at 3.05 A.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Wm P. Meehead M.D. | | 22b. ADDRESS Kennett Mo. | 22c. DATE SIGNED 24 Nov 62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-23-62 | 23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery | 23d. LOCATION (City, town, or county) (State) Kennett Mo. |
| 24. FUNERAL DIRECTOR Lentz Service | | ADDRESS Kennett Mo. | 25. DATE RECD. BY LOCAL REG. 11-27-62 |
| 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan | | | |

USE BLACK INK OR TYPEWRITER RIBBON

DEC 5 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

Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.