

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043740

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 136

VS 300
Rev. 4/59

2860

2860

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~PART OF DEATH~~ DEC 1 2 1962 a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived or institution: Residence before admission) a. STATE MO b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, give TOWNSHIP only) UNIONVILLE		c. CITY OR TOWN RURAL-UNION	
c. FULL NAME OF (If NOT in hospital, give location) MONROE HOSPITAL		d. STREET ADDRESS UNIONVILLE	
3. NAME OF DECEASED (Type or print) CHARLES		4. DATE OF DEATH DEC-5-62	
5. SEX M	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4-4-89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY PUTNAM CO MO	
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME ELIZA BLANCHARD	
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. NO	
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 Hemorrhage DUE TO (b) Arteriosclerosis & hypertension DUE TO (c) Senility		17. INFORMANT ROBERT BLANCHARD - Unionville Mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		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 UNIONVILLE COUNTY MO STATE MO	
21. I attended the deceased from Jan 21-62 to Dec 5-62 and last saw him alive on Dec 3-62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles L. Fudd (Degree or title)		22b. ADDRESS Unionville Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) R		23b. DATE 12-7-62	
23c. NAME OF CEMETERY OR CREMATORY UNIONVILLE		23d. LOCATION (City, town, or county) UNIONVILLE MO	
24. FUNERAL DIRECTOR LO. Husted Son ADDRESS UNIONVILLE MO		25. DATE RECD. BY LOCAL REG. 12-7-62	
26. REGISTRAR'S SIGNATURE Marcell Dushin			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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 Marl E. Husted

Licensed Embalmer No. 3304
P. O. Address Monmouth 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.