

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045772

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 382

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 18 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		Length of stay in 1b 1 day	c. CITY OR TOWN Brashear Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOSPITAL Grim-Smith		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) FREDERICK EDWARD McGRATH			4. DATE OF DEATH Dec. 9 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/12/74
9. AGE (last birthday) 88		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Selby Co. Ill.
12. CITIZEN OF WHAT COUNTRY U S.		13a. FATHER'S NAME Joseph McGrath	
13b. MOTHER'S MAIDEN NAME Sarah Snell		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Wayne McGrath, Brashear, 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) 32 Cal. Gunshot wound into the head DUE TO (b) slightly behind the right ear, coming DUE TO (c) out at the upper rt. rear of the head 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 there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT- <input type="checkbox"/> SUICIDE <input checked="" 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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m.		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.) S.W. corner of square, Brashear, Adair, Missouri		20f. CITY, TOWN, OR LOCATION Brashear, Adair, Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:50 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Describe position) Nova E. Foster, Coroner Adair Co.		22b. ADDRESS Kirksville, Adair, Mo.	22c. DATE SIGNED 12/10/62
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE 12/11/62	23c. NAME OF CEMETERY OR CREMATORY Brashear	23d. LOCATION (City, town, or county) (State) Brashear, Adair, Mo.
24. FUNERAL DIRECTOR Poster Memorial Home, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 12-11-1962	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

No permit issued

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 *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirkville, 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.