

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045035

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 5043 Registrar's No. 1220

FILED JAN 2 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Butler		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neelyville		a. STATE Missouri COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neelyville		Length of stay in 1b few years		c. CITY OR TOWN Neelyville	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway # 142.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Star Route.	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First ALMA Middle FAYE Last BACCUS		Month December Day 23 Year 1962		Female	
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 6/17/1945		9. AGE (last birthday) 17		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Floral City, Florida		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Frank McClanahan		13b. MOTHER'S MAIDEN NAME Pearl Bacon		14. NAME OF HUSBAND OR WIFE Clifford Baccus	
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.		17. INFORMANT Frank McClanahan, Neelyville, 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) Crushed Head.		INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Struck by Automobile while walking along Highway.			
		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.) Was Walking along Highway and was struck by Automobile.	
20c. TIME OF INJURY Hour 9:30 P. Month, Day, Year 12 23 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.) Public Highway	
20f. CITY, TOWN, OR LOCATION Neelyville,		COUNTY Butler		STATE Missouri	
21. I attended the deceased from 9:30 P. M. to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Grover W. Greer</i> (Degree or title) Coroner		22b. ADDRESS Poplar Bluff, Missouri	
22c. DATE SIGNED 12-27-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/26/1962	
23c. NAME OF CEMETERY OR CREMATORY Coon Island		23d. LOCATION (City, town, or county) Neelyville, Missouri;		23e. STATE Missouri;	
24. FUNERAL DIRECTOR FRANK *COTRELL CHAPEL, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 12-29/62		26. REGISTRAR'S SIGNATURE <i>Thelma Graham</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

10120

20120

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JAN 2 1963

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 W. Tappan

Licensed Embalmer No. 3394

P. O. Address

Poplar Bluff 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.