

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046709

STATE FILE NUMBER

Registration District No. 142 Primary Registration District No. 8856 Registrar's No. 59

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10460

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Goldberry Twp.		Length of stay in 1b 2 Weeks	c. CITY OR TOWN Willow Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. #3 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GERTRUDE Middle E. Last TATE		4. DATE OF DEATH Month Dec. 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 type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/28/1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 76 IF UNDER 1 YEAR Months 3 Days 23
11. BIRTHPLACE (City and state or country) Boyd, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Elmer Due		13b. MOTHER'S MAIDEN NAME Rose Gray	14. NAME OF HUSBAND OR WIFE Mr. Bonnie E. Tate
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. None	17. INFORMANT Bonnie Tate, Rt. #3, Willow Spgs., Mo 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) Cerebral vascular occlusion DUE TO (b) Arteriosclerosis generalized DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acutely infected nonfunctioning gallbladder.			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 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 2/8/62 to 12/21/62 and last saw her/him alive on 12/21/62 Death occurred at 7:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Amos L. Coffee M.D.		22b. ADDRESS Willow Springs, Mo.	22c. DATE SIGNED 12/23/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/23/62	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) (State) Mountain View, Mo.
24. FUNERAL DIRECTOR Burns, Willow Springs, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 12-29-62	26. REGISTRAR'S SIGNATURE Laura Mitchell

USE BLACK INK OR TYPEWRITER RIBBON

27 7-27

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 T. R. Burns *T. R. Burns*

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.