

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047486

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered District No. FILED DEC 2 1962 Primary Registration District No. 5610 Registrar's No. 165

VS 300  
Rev. 4/59

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0510

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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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Johnson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson Township</b>		Length of stay in 1b <b>11 yrs.</b>		a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RFD #2 Leeton</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Leeton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				d. STREET ADDRESS (If outside, give location) <b>RFD #2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			First <b>Arthur</b>	Middle <b>C.</b>	Last <b>Clark</b>	4. DATE OF DEATH	
						Month <b>December</b>	Day <b>15</b>
						Year <b>1962</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/16/84</b>	
						9. AGE (last birthday) <b>78</b>	
						IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>General farming</b>		11. BIRTHPLACE (City and state or country) <b>Greenridge, Mo.</b>	
						12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Clark</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Creed</b>			14. NAME OF HUSBAND OR WIFE <b>Virginia Clark</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Virginia Clark, RFD #2 Leeton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Carcinoma of prostate</b>							<b>5 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
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 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.		Month, Day, Year					
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 <u>1957</u> to <u>Dec 15</u> and last saw <sup>him</sup> alive on <u>12-13-62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Phoebe Cooper</i> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>Warrensburg, Missouri</b>		22c. DATE SIGNED <b>12/17/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>12/18/1962</b>		<b>New Church Cemetery</b>		<b>Knob Noster, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Sweeney-Phillips, Warrensburg, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12-17-62</b>		26. REGISTRAR'S SIGNATURE <i>J. Cook</i>	

EMBALMER'S CERTIFICATE

NO. \_\_\_\_\_ DATE \_\_\_\_\_  
NAME \_\_\_\_\_ SEX \_\_\_\_\_  
RES. \_\_\_\_\_

CAUSE OF DEATH \_\_\_\_\_  
MANNER OF DEATH \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_  
AGE \_\_\_\_\_ SEX \_\_\_\_\_  
RACE \_\_\_\_\_

**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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Noster, 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.

EMBALMER'S CERTIFICATE  
NO. \_\_\_\_\_ DATE \_\_\_\_\_  
NAME \_\_\_\_\_ SEX \_\_\_\_\_  
RES. \_\_\_\_\_