

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047534

ATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registrant's District No. 172 Primary Registration District No. 4272 Registrar's No. (2)

FILED JAN 8 1963

VS 300
Rev. 4/59

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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

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY Lafayette			a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly		Length of stay in 1b 2 weeks	c. CITY OR TOWN Malta Bend		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Clinic		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Streets not numbered		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First JAMES Middle LUTHER Last HITSON			Month December Day 31 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-23-1885	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Hickory County, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Hitson		13b. MOTHER'S MAIDEN NAME Sarah		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Alva Gardner, Sedalia, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line)					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:					15 minutes
IMMEDIATE CAUSE (a) coronary occlusion, acute					
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) fractured left ankle				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.) patient stated he fell at his home			
20c. TIME OF INJURY Hour PM a.m. p.m. Month, Day, Year 12/18/62					
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.) patient's home	20f. CITY, TOWN, OR LOCATION Malta Bend	COUNTY Saline	STATE Mo.	
21. I attended the deceased from 1946 to 12/31/62 and last saw him alive on 12/31/62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Douglas Kelley M.D.			22b. ADDRESS Waverly, Missouri	22c. DATE SIGNED 1/2/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-2-1963	23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens	23d. LOCATION (City, town, or county) (State) Marshall, Mo.		
24. FUNERAL DIRECTOR ADDRESS Campbell-Lewis Marshall, Mo.		25. DATE RECD. BY LOCAL REG. 1-2-1963	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan		

JAN 22 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 R.W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.