MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047705
STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 44

FILED DEC 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0660
2 0660
3 2
4 1
5 0
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7 0
8 2
9 774X
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12 1-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Tuscumbia
Length of stay in 1b: 2hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Humphreys
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Miller
c. CITY OR TOWN: Tuscumbia
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Tuscumbia
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Robbin Middle: Faye Last: Clark
4. DATE OF DEATH: Month: Dec Day: 14 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 14 Dec-1962
9. AGE (last birthday): IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: 2 Min.: 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Tuscumbia-Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Orville-Clark
13b. MOTHER'S MAIDEN NAME: Ruth-Campbell
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: 2hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity — 2hrs
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 12-14-62, to 12-14-62 and last saw her alive on 12-14-62
Death occurred at 6:55AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. L. Humphreys (Degree or title): D.O.
22b. ADDRESS: Tuscumbia-Mo
22c. DATE SIGNED: 14 Dec. 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 15 Dec 1962
23c. NAME OF CEMETERY OR CREMATORY: Capps
23d. LOCATION (City, town, or county): Miller Co. (State): Mo

24. FUNERAL DIRECTOR: Keith-M-Kays ADDRESS: Eldon-Mo
25. DATE RECD. BY LOCAL REG.: 12-15-1962
26. REGISTRAR'S SIGNATURE: Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.