

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047716

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 3

FILED JAN 9 1963

VS 300
Rev. 4/59

8675
30675

3
4 2
5 0
6
7 0
8 0
9772.0
10
11
1290-0
13 1-0

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 a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston		Length of stay in 1b 2 months	c. CITY OR TOWN Charleston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 710 Green St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 710 Green St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alex Middle Last Betts			4. DATE OF DEATH Month Dec. Day 28 Year 1962
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Baby Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/3/62
9. AGE (last birthday) 2 Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----	
10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Charleston, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jimmy Betts		13b. MOTHER'S MAIDEN NAME Mattie Mae Gordon	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -----		16. SOCIAL SECURITY NO. -----	17. INFORMANT Mattie Gordon, 710 Green, Charleston, 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) Unknown (D.O.A.)			INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs.
DUE TO (b) Acute Malnutrition			Unkn.
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 D.O.A. 12/28/62 to D.O.A. 12/28/62 and last saw her/him alive on D.O.A. 12/28/62		Death occurred at 5:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Charleston, Mo.	22c. DATE SIGNED 12/31/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/29/62	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
24. FUNERAL DIRECTOR L. R. Sparks ADDRESS Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 12-29-62	26. REGISTRAR'S SIGNATURE [Signature]

Permit issued
12-29-62
874

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 James A. Carter

Licensed Embalmer No. 4681

P. O. Address C,ville, 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.