MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-047956
STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 139

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0840
2 8040
3
4 1
5 2
6
7 0
8 2
9 420.1
10
11
12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Humansville — Length of stay in Ib: 30 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Geo. Dimmitt Mem. Hosp. — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: California — b. COUNTY: Los Angeles
c. CITY OR TOWN: North Hollywood — Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First: Rose — Middle: Etta — Last: Kelley
4. DATE OF DEATH: Month: 12 — Day: 14 — Year: 1962
5. SEX: Fe
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: 5/15/1895
9. AGE (last birthday): 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (City and state or country): Texas Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Albert Hunter
13b. MOTHER'S MAIDEN NAME: Drusilla Skyles
14. NAME OF HUSBAND OR WIFE: John
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: Mrs. Estel Canterbury, Address: Humansville, Mo.

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): Coronary artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ?
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 Nov 1962, to 12/14/62 and last saw her alive on 12/14/62
Death occurred at 6:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. D. Robinson (Degree or title) M. D.
22b. ADDRESS: Humansville, Mo.
22c. DATE SIGNED: 12/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/16/1962
23c. NAME OF CEMETERY OR CREMATORY: Humansville Cemetery
23d. LOCATION (City, town, or county) (State): Humansville, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Beckwith Funeral Home, Humansville, Mo.
25. DATE RECD. BY LOCAL REG.: Dec 28, 1962
26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

(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 O. H. Beckwith
Signature of Student Embalmer

Licensed Embalmer No. 3937

P. O. Address Humansville, 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.