

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000816

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 40

FILED FEB 4 1963

VS 300  
Rev. 4/59

1 0269

2 0260

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4 1

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12 91-0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>JEFFERSON CITY 2 WEEKS</b>		c. CITY OR TOWN <b>MOREAU</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>1222 W. HIGH ST.</b>		d. STREET ADDRESS (If outside, give location) <b>RUSSELLOILLE MO Rt. 2</b>	
3. NAME OF DECEASED (Type or print) <b>EMMA JANE DAWSON</b>		4. DATE OF DEATH <b>JAN. 27 1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB 16 1867</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		11. BIRTHPLACE (City and state or country) <b>COLE COUNTY MO. U.S.A.</b>	
13a. FATHER'S NAME <b>J.F. HALE</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH JANE SAPPENFIELD</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. <b>NONE</b>	
17. INFORMANT <b>HUGO DAWSON</b>		Address <b>RUSSELLOILLE MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure</b> DUE TO (b) <b>Extensive sclerotic Heart Disease</b> DUE TO (c) <b>you</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Paternal Fracture of Femur</b>		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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>Dec 27, 1962</b> to <b>Jan 27, 1963</b> and last saw her alive on <b>1/16/63</b> Death occurred at <b>7 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James D. Miller M.D.</b>		22b. ADDRESS <b>Jeff. City Mo.</b>	22c. DATE SIGNED <b>1/29/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JAN. 29, 1963</b>	23c. NAME OF SEMETERY OR CREMATORIUM <b>MT. CARMEL SEMETERY</b>	23d. LOCATION (City, town, or county) <b>COLE COUNTY MO.</b>
24. FUNERAL DIRECTOR <b>Turner-Stroman</b>	Address <b>Russellville Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>30 January 1963</b>	26. REGISTRAR'S SIGNATURE <b>R. Harris, M.D. Richter, Dep</b>

USE BLACK INK

OR

TYPEWRITER RIBBON

**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

*J. L. Stearns*  
\_\_\_\_\_  
Licensed Embalmer No. 4073

P. O. Address

Stover 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.