

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007526

STATE FILE NUMBER

Registration District No. 329 Primary Registration District No. 8099 Registrar's No. 318

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Brookfield</b>		Length of stay in 1b <b>20 yrs</b>	c. CITY OR TOWN <b>Brookfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>809 Lincoln St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>809 Lincoln St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRANK M. HEAD</b>			4. DATE OF DEATH Month Day Year <b>Feb. 14, 1963</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-14-1890</b>
9. AGE (last birthday) <b>72</b>		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) <b>Field representative</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Creamery</b>	11. BIRTHPLACE (City and state or country) <b>North Salem, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>David Head</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Peavler</b>
14. NAME OF HUSBAND OR WIFE <b>Ritta Head</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) <b>No</b>	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address <b>Mrs. Frank Head, Brookfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Severe Coronary Accident</b> DUE TO (b) <b>Coronary Artery Disease</b> DUE TO (c) <b>Cardiac Hypertrophy and arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Asthmatic</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b> <b>7 yrs.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>Jan. 1961</b> to <b>2/14/63</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>2/14/63</b>		Death occurred at <b>10:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Sign for 18b) <b>John W. White, D.O.</b>		22b. ADDRESS <b>Brookfield, Missouri</b>	
22c. DATE SIGNED <b>2/16/63</b>		23a. BURIAL / CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>2-16-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Brookfield, Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>Wright Funeral Home, Brookfield, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>2-16-63</b>		26. REGISTRAR'S SIGNATURE <b>Rena Watson</b>	

APR 4 1963

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**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 Harold B. Wright  
3818

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Brookfield, 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.