

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007864

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 56

FILED MAR 14 1963

VS 300 Rev. 4/59

6781  
20781  
3  
4 3  
5 12  
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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Remiscot</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Remiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayth</u>		Length of stay in MO <u>3 days</u>	c. CITY OR TOWN <u>Hayth MO.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Hayth, memo. Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>N. 6th Street.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>Powell</u> Last <u>Moody</u>			4. DATE OF DEATH Month <u>2</u> Day <u>26</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-26-03</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE (last birthday) <u>54</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u></u> IF UNDER 24 HR: Hours <u></u> Min. <u></u>
11a. FATHER'S NAME <u>Wan Vanuels</u>		11b. BIRTHPLACE (City and state or country) <u>Scotts, Miss</u>	
13a. MOTHER'S MAIDEN NAME <u>Julia Wilson</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates)		17. INFORMANT Name <u>J. J. Smith</u> Address <u>Hayth, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Ischemic</u> DUE TO (b) <u>acute blood loss</u> DUE TO (c) <u>Bleeding of 1. tract stomach</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> <u>1 day</u> <u>1 wk</u>
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			
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 <u>2-23-63</u> to <u>2-26-63</u> and last saw her alive on <u>2-25-63</u> Death occurred at <u></u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not use title) <u>Jack Caldwell</u>		22b. ADDRESS <u>Hayth, MO</u>	22c. DATE SIGNED <u>3-9-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-3-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Camtherville, MO.</u>
24. FUNERAL DIRECTOR <u>J. J. Smith</u> Address <u>Hayth - MO.</u>		25. DATE RECD. BY LOCAL REG. <u>3-12-63</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>

USE BLACK INK OR TYPEWRITER RIBBON

APR 11 1963

**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 Jack Kelly

Licensed Embalmer No. 3788

P. O. Address Caruthersville

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.