

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-010901

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 30

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 20 1963

VS 300
Rev. 4/59

DATE AMENDED

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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 Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		Length of stay in 1b 3 Wks.	c. CITY OR TOWN Cameron Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Community Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) West Third St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Harold James McVicker			4. DATE OF DEATH Month 3- Day 18 Year 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-11-1905
9. AGE (last birthday) 57		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) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Electric Ser. Co	11. BIRTHPLACE (City and state or country) Cameron Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME William McVicker	
13b. MOTHER'S MAIDEN NAME Loretta Stewart		14. NAME OF HUSBAND OR WIFE Chlorece Mcvicker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Chlorece McVicker Cameron Mo.
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malignant Lymphoma DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 8 mo.
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 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 _____ 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 7-19-62 to 3-18-63 and last saw her/him alive on 3-17-63 Death occurred at 2:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>B. A. Compton M.D.</i>		22b. ADDRESS Cameron Mo	
22c. DATE SIGNED 3-21-63		23. LOCATION (City, town, or county) (State) Cameron Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-20-63	23c. NAME OF CEMETERY OR CREMATORY Memory Gardens	
24. FUNERAL DIRECTOR Poland Funeral Home Cameron Mo		25. DATE RECD. BY LOCAL REG. 3-21-63	26. REGISTRAR'S SIGNATURE <i>Francis D Crawford</i>

USE BLACK INK OR TYPEWRITER RIBBON

To 3-19-63
From 3-23-63

APR 3 1963

OCT 16 1962

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 Robert F Poland

Licensed Embalmer No. 4777
222 West 3rd St
P. O. Address Camden 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.