

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011045

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100
FILED MAR 20 1963

Primary Registration District No. _____

Registrar's No. 29

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springcreek</u>		Length of stay in 1b <u>10</u> yrs	c. CITY OR TOWN <u>Salem</u> Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) <u>Rt 5</u> Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First <u>Seibert</u> Middle <u>R</u> Last <u>Black</u>		4. DATE OF DEATH Month <u>Mar</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH <u>3-5-1920</u>
9. AGE (last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>43</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>general</u>	
11. BIRTHPLACE (City and state or country) <u>Reynolds Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>Ira E Black</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Botkins</u>	
14. NAME OF HUSBAND OR WIFE <u>XXXXX</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>es WW 2</u>	
16. SOCIAL SECURITY NO. <u>es WW 2</u>		17. INFORMANT <u>Ira E Black</u> Address <u>Salem Mo rt 5</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>Virus Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
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) <u>Inability to eat--inanition and gen. debility</u>			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 <u>March 11, 1963</u> to <u>March 11, 1963</u> and last saw her alive on <u>March 11, 1963</u>		Death occurred at <u>2:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Joseph R. Burnett, D.O.</u> (Degree or title)		22b. ADDRESS <u>Salem, Missouri</u>	
22c. DATE <u>3-16-63</u>		22d. LOCATION (City, town, or county) (State) <u>Reynolds Co Mo</u>	
23a. BURNAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-16-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Reynolds Co Mo</u>	
24. FUNERAL DIRECTOR <u>Spencer Funeral Home Inc</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>3-16-63</u>	
26. REGISTRAR'S SIGNATURE <u>M. M. Hartman by R. M.</u>		27. DATE <u>3-13-63</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 1 1963

MAR 22 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 Stephen E. O'Brien

Licensed Embalmer No. 5181

P. O. Address Salem, 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.