

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-016896

STATE FILE NUMBER

DO NOT WRITE
ON THIS STRIP

AMENDED

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 11

FILED APR 29 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Catron</u>		c. CITY OR TOWN <u>Catron</u>	
Length of stay in 1b <u>3 yrs</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles NW Catron</u>		d. STREET ADDRESS (If outside, give location) <u>2 miles NW Catron</u>	
Yes ☐ No ☒		Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Ruby</u> Middle <u>Lee</u> Last <u>Allen</u>		4. DATE OF DEATH Month <u>April</u> Day <u>19</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>cauc.</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Aug. 9, 1928</u>
9. AGE (last birthday) <u>34 yrs.</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Senathe Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Edward Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline White</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>499-32-3871</u>		17. INFORMANT Address <u>Leonard Allen, Matthews 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>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH	
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)		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>2 P.M. April 16, 1963</u> and last saw him alive on <u>April 19, 1963</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Geo. Husted, M.D.</u>		22b. ADDRESS <u>Parma, Mo.</u>	
22c. DATE SIGNED <u>4/20/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>April 21, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Twidwell cemetery</u>	23d. LOCATION (City, town, or county) <u>Wayne county Mo.</u>
24. FUNERAL DIRECTOR <u>Watkins and Sons</u> ADDRESS <u>Parma Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-20-63</u>	26. REGISTRAR'S SIGNATURE <u>Dr. Geo. Husted, M.D.</u>

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

Carl M. Watkins

Licensed Embalmer No. 4964

P. O. Address Depter, 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.