

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-019270**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 167

**FILED JUN 3 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b <u>18 years</u>	c. CITY OR TOWN <u>Marshfield</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 3</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>S</u> Last <u>BENNETT</u>		4. DATE OF DEATH Month <u>May</u> Day <u>24</u> , Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-24-1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	9. AGE (last birthday) <u>74</u>
11a. FATHER'S NAME <u>Noah Bennett</u>		11b. MOTHER'S MAIDEN NAME <u>Nancy Dearmond</u>	11c. NAME OF HUSBAND OR WIFE <u>none</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12b. SOCIAL SECURITY NO.	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		13. INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) <u>Generalized Arteriosclerosis</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour _____ a.m. _____ p.m.		18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. CITY, TOWN, OR LOCATION <u>State Hospital No. 1</u>	
21. <input checked="" type="checkbox"/> attended the deceased from _____ to _____		22. DATE SIGNED <u>5/27/63</u>	
23. SIGNATURE (Degree or title) <u>James K. Ollendick M.D.</u>		24. ADDRESS <u>Fulton, Missouri</u>	
25. BURIAL CREMATION, REMOVAL (Specify) <u>5-28-63</u>		26. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
27. FUNERAL DIRECTOR <u>Robert D. Johnston</u>		28. DATE RECD. BY LOCAL REG. <u>May 28 1963</u>	
29. ADDRESS <u>Columbia, Mo.</u>		30. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

STATE OF TEXAS

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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 \_\_\_\_\_ Signed \_\_\_\_\_  
Signature of Student Embalmer

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

P. O. Address \_\_\_\_\_

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.