

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023861

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. 5447 Registrar's No. 69

FILED JUN 26 1963

VS 300
Rev. 4/59

DATE AMENDED

1 0380

2 0380

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12 90-8

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Howard Township		Length of stay in 1b: lifetime	c. CITY OR TOWN: Howard Township Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: N. Of Albany		Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location): N. of Albany Reside on Farm: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First: ELAM Middle: ELVIS Last: BARBER			4. DATE OF DEATH Month: June Day: 17 Year: 1963
5. SEX: male	6. COLOR OR RACE: white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: 2/21/109
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming		10b. KIND OF BUSINESS OR INDUSTRY: agriculture	9. AGE (last birthday): 51 IF UNDER 1 YEAR: Months: Days: Hours: Min. IF UNDER 24 HR: Months: Days: Hours: Min.
11. BIRTHPLACE (City and state or country): Gentry Co., Missouri		12. CITIZEN OF WHAT COUNTRY: U.S.	
13a. FATHER'S NAME: Jasper Barber		13b. MOTHER'S MAIDEN NAME: Concordia Austin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of): no		17. INFORMANT: Mrs Elam E. Barber Address: Albany, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary			INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (e), 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. <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 _____ to _____ and last saw her/him alive on _____ Death occurred at: 9:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title): Miss L. W. Bare, Registrar, Gentry Co.		22b. ADDRESS: Albany, Mo.	22c. DATE SIGNED: 6-17-'63
23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: Jun 19, 1963	23c. NAME OF CEMETERY OR CREMATORY: Henton	23d. LOCATION (City, town, or county) (State): Gentry Co., Missouri
24. FUNERAL DIRECTOR: Brooks-Cochell Funeral Home	ADDRESS: Albany, Mo.	25. DATE RECD. BY LOCAL REG.: 6-17-'63	26. REGISTRAR'S SIGNATURE: Miss L. W. Bare

JUL 8 1964

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 me Student Embalmer No. _____ working under my personal supervision.

Student _____ Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 1868

P. O. Address Albany, 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.