

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024059

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 17 1963

VS 300
Rev. 4/59

10425

20080

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		c. CITY OR TOWN Fristoe	
c. FULL NAME OF (If NOT in hospital, give location) Wetzel Hosp		d. STREET ADDRESS (If outside, give location) -	
3. NAME OF DECEASED (Type or print) Goldie Densmore		4. DATE OF DEATH June 9 1963	
5. SEX Female	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 Apr 5, 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher		10b. KIND OF BUSINESS OR INDUSTRY Home	
13a. FATHER'S NAME William H. Scarbrough		13b. MOTHER'S MAIDEN NAME Edwin James Densmore	
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. 526-66-2913	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute shock Synd & Cardiac DUE TO (b) 2 amphetamine DUE TO (c) Mult. Traumatic wounds		17. INFORMANT James Scarbrough Fristoe, Mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Auto accident			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY 7:00 a.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) One car accident on Highway 7 1 mile from top throwing Mrs Densmore out	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 7	
21. I attended the deceased from never to never and last saw her alive on never		22a. SIGNATURE (Degree or title) John F Reser (Benton Co Coroner)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 12, 1963	
24. FUNERAL DIRECTOR John F Reser Warsaw		25. DATE RECD. BY LOCAL REG. June 12-1963	
26. REGISTRAR'S SIGNATURE Mildred Bigum		22c. DATE SIGNED 6/10/63	

USE BLACK INK
OR
TYPEWRITER RIBBON

00150-270

STATE OF ILLINOIS

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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 _____
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 4098

P. O. Address Waukegan

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.

Permit Obtained

6-12-63

(M.B.)