

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026960

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 256 Primary Registration District No. 4521 Registrar's No. 66

STATE FILE NUMBER

**FILED JUN 25 1963**

VS 300	DATE AMENDED
Rev. 4/59	
1 1070	
2 1070	
3	
4 1	
5 3	
6	
7 0	
8 0	
9 1532	
10	
11	
12 1-2	
13 4-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Tx</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Houston</u>		Length of stay in 1b <u>7 days</u>	c. CITY OR TOWN <u>Hickling</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Texas Co. Memorial Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>W. MAIN</u>
3. NAME OF DECEASED (Type or print) First <u>Alma</u> Middle <u>E</u> Last <u>Hall</u>		4. DATE OF DEATH <u>June 10-1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>4-15-1901</u>
9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brandon Tx</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>James W. Capps</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie V. Jones</u>	14. NAME OF HUSBAND OR WIFE <u>  </u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs Chas Photos Hickling Tx</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>Acute intrapulmonary hemorrhage</u> DUE TO (b) <u>2° to Coronary atherosclerosis 2°</u> DUE TO (c) <u>Primary Carcinoma of W. Colon</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u> PART III. If deceased was female, 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 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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	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 <u>May 5, 1952</u> to <u>6/10/63</u> and last saw her alive on <u>6/10/63</u> Death occurred at <u>9:45</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Durmon</u>		22b. ADDRESS <u>Houston, Tx</u>	22c. DATE SIGNED <u>6/12/63</u>
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-13-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hickling Cem</u>	23d. LOCATION (City, town, or county) <u>Hickling Tx</u>
24. FUNERAL DIRECTOR <u>Smith-Ferguson Hickling Tx</u>		25. DATE RECD. BY LOCAL REG. <u>6-18-63</u>	26. REGISTRAR'S SIGNATURE <u>Murtrie Craig</u>

USE BLACK INK OR TYPEWRITER RIBBON

JUN 25 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 Hubert Ferguson

Licensed Embalmer No. 3945

P. O. Address Ficking MD

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.