

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031047

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 109

DO NOT WRITE ON THIS STUB

FILED JUL 16 1963

VS 300 Rev. 4/59	DATE AMENDED
1 <u>1090</u>	
2 <u>0290</u>	
3	
4 <u>0</u>	
5 <u>3</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
<u>9309X</u>	
10	
11	
12 <u>93-0</u>	
13 <u>1-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar DA DE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		c. CITY OR TOWN Greenfield	
Length of stay in lb 5yr/6mo/15da.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3		d. STREET ADDRESS (if outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Radford		4. DATE OF DEATH Month 7 Day 7 Year 1963	
5. SEX M		6. COLOR OR RACE W	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH Unknown	
9. AGE (last birthday) 57yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Cedar Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Abbott		13b. MOTHER'S MAIDEN NAME Goldie Price	
14. NAME OF HUSBAND OR WIFE Divorced		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Hospital Records, Nevada, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONVULSIONS DUE TO (b) HIGH TEMPERATURE DUE TO (c) CHRONIC BRAIN SYNDROME, UNKNOWN CAUSE		INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 3 HOURS YEARS	
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 VIEWED THE BODY 7-7-63 and saw her live on 7-7-63 Death occurred at 10:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Heido Muzisho M.P.		22b. ADDRESS 57. HOSEA NEVADA, MO	
22c. DATE SIGNED 7-7-63		22d. LOCATION (City, town, or county) (State) Greenfield, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-10-1963	
23c. NAME OF CEMETERY OR CREMATORY Greenfield Cemetery		23d. LOCATION (City, town, or county) Greenfield, Missouri	
24. FUNERAL DIRECTOR Address Allison Funeral Home, Greenfield, Missouri		25. DATE RECD. BY LOCAL REG. 7-9-1963	
26. REGISTRAR'S SIGNATURE Anna E. Jerry			

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 George W. Newcomb

Licensed Embalmer No. 4671

P. O. Address Lockwood 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.