

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033646
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8669

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

1
2 205
3
4 2
5 0
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7 1
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12 52-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

FILED SEP 6 1963	
1. PLACE OF DEATH	
a. COUNTY	b. CITY (If outside corporate limits give TOWNSHIP only) Length of stay in lb
	c. CITY OR TOWN
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print)	
4. DATE OF DEATH	
5. SEX	6. COLOR OR RACE
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
9. AGE (last birthday)	IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT	Address
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
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.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION
21. I attended the deceased from <u>7/3/63</u> to <u>8/23/63</u> and last saw her him alive on <u>8/23/63</u>	
22a. SIGNATURE (Degree or title)	
22b. ADDRESS	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.
26. REGISTRAR'S SIGNATURE	

USE BLACK INK OR TYPEWRITER RIBBON

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

Henry C. Williams

Licensed Embalmer No.

4781

P. O. Address

1205 Walton

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.