

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040663

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4321 Registrar's No. 70

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

FILED OCT 16 1963	
1. PLACE OF DEATH	
a. COUNTY Mercer	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mercer	a. STATE Missouri b. COUNTY Mercer
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home	c. CITY OR TOWN Mercer Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Zack Middle Walker Last Walker	
4. DATE OF DEATH Month October Day 5 Year 1963	
5. SEX male	6. COLOR OR RACE white
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 19, 1884
9. AGE (last birthday) 79	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done) farmer and realtor	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mercer Co., Mo	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME David Walker	13b. MOTHER'S MAIDEN NAME Mary Francis Melton
14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
17. INFORMANT Mrs Perry Jay Mercer, Mo Address	
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 circulatory failure	
DUE TO (b) myocardial infarction 4/20/1	
DUE TO (c) Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal cause condition given in PART I (a) Carcinoma of left lung	
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 checked="" 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 signature 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 Mercer, Mo COUNTY STATE	
21. I attended the deceased from July 1963 to Oct 5-63 and last saw him alive on Oct 4-63	
Death occurred at 11:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Geo J Dawson DO (Degree or title)	22b. ADDRESS Mercer, Mo
22c. DATE SIGNED 10-7-63	
23a. BURIAL, CREMATION, REQUIEM (Specify) Burial	23b. DATE Oct, 7, 1963
23c. NAME OF CEMETERY OR CREMATORY Eagleville	
23d. LOCATION (City, town, or county) (State) Eagleville, Mo	
24. FUNERAL DIRECTOR Noel Moss ADDRESS Princeton, Mo	25. DATE RECD. BY LOCAL REG. 10-7-63
26. REGISTRAR'S SIGNATURE Noel Moss	

USE BLACK INK OR TYPEWRITER RIBBON

20-1-02
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embalmer student
statement of licensed embalmer

STATEMENT OF 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 Hel Mass

Licensed Embalmer No. 2634

P. O. Address Quincy No

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.

20-1-02
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