

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040811
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3089 Registrar's No. 213

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10781
20780
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Remick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Remick</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hazlet</u>		Length of stay in 1b	c. CITY OR TOWN <u>Steele</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>220 Grammy</u>
3. NAME OF DECEASED (Type or print) First <u>Wickie</u> Middle <u>Cannon</u> Last <u>Cannon</u>		4. DATE OF DEATH Month <u>10</u> Day <u>22</u> Year <u>63</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-12-63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) Months <u>10</u> Days <u>10</u>
13a. FATHER'S NAME <u>James Cannon</u>		13b. MOTHER'S MAIDEN NAME <u>Cara Mae Scott</u>	
14. NAME OF HUSBAND OR WIFE		11. BIRTHPLACE (City and state or country) <u>Steele Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>James Cannon Steele Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>FD virus</u> DUE TO (b) <u>Infectious Mononucleosis</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 wk.</u>	
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.	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 <u>Hazlet, Remick, Mo</u>
21. I attended the deceased from <u>10-20-63</u> to <u>10-22-63</u> and last saw her alive on <u>10-22-63</u> Death occurred at <u>3:25 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>Cantersville, Mo</u>	
22a. SIGNATURE <u>G. J. Givens, M.P.</u> (Degree or title)		22c. DATE SIGNED <u>10-23-63</u>	22d. ADDRESS <u>Steele Mo</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-24-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>
24. FUNERAL DIRECTOR <u>Samson Funeral Home Steele, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-26-63</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>

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 Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address Steels, Missouri

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.