

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043653

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 146

STATE FILE NUMBER

FILED DEC 3 1963

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Length of stay in 1b 2 days	c. CITY OR TOWN New Hampton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Crestview Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) North Part Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ada Middle Virginia Last Yates			4. DATE OF DEATH Month Nov. Day 22, Year 1963
5. SEX Female	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 1/25/70
9. AGE (last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Tazwell, Va.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper (own)	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph W. Corell		13b. MOTHER'S MAIDEN NAME Mary Sexton	14. NAME OF HUSBAND OR WIFE James A. Yates
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Charles B. Yates New Hampton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident DUE TO (b) Intercerebral Vascular Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Unknown
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 checked="" 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 _____ s.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 11-20-63 , to 11-22-63 and last saw her ^{her} _{him} alive on 11-20-63 Death occurred at 7:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. F. Nearing Jr M.D. (Degree or title)		22b. ADDRESS Bethany, Mo.	22c. DATE SIGNED 11-25-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/25/63	23c. NAME OF CEMETERY OR CREMATORY Foster Cemetery	23d. LOCATION (City, town, or county) (State) New Hampton, Mo.
24. FUNERAL DIRECTOR C. B. Noble ADDRESS New Hampton, Mo.		25. DATE RECD. BY LOCAL REG. 11-25-1963	26. REGISTRAR'S SIGNATURE Gilla Maxey

USE BLACK INK OR TYPEWRITER RIBBON

AUG 7 1964

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 William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, 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.