

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046836

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 4536 Registrar's No. 85

FILED DEC 16 1963

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN XXXXXX Potosi		Length of stay in 1b 5 minutes	c. CITY OR TOWN Potosi Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 304 XXXXX Bonnie		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Jureal Earl Missey			4. DATE OF DEATH Month December Day 11 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 29, 1923
9. AGE (last birthday) 40		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Work		10b. KIND OF BUSINESS OR INDUSTRY Pea Ridge Mine	11. BIRTHPLACE (City and state or country) Pocahontas, Ark.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Everett Missey	
13b. MOTHER'S MAIDEN NAME Elsie Drennen		14. NAME OF HUSBAND OR WIFE Lora Missey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) yes WW-2		16. SOCIAL SECURITY NO. XXXX-XX-XXXX	
17. INFORMANT Everett Missey Berryman, Missouri		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) Apparently by gunshot wound in left thigh which severed blood vessels			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Hemorrhage			
DUE TO (c) Hemorrhage			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Body found in home of step-son by law enforcement officer & undertaker who would have re-	
20c. TIME OF INJURY Hour 3:20 a.m. / p.m. Month, Day, Year 12/11/63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home of another person Potosi Wash. Mo.		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Wash. Mo.	
21. I, the undersigned, do hereby certify that the above is a true and correct statement of the facts as stated on the certificate, and to the best of my knowledge, from the causes stated. Death occurred at 3:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Arden Kendall</i> (Degree or title)		22b. ADDRESS Potosi, Mo.	
22c. DATE SIGNED 12/13/63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 15, 1963	23c. NAME OF CEMETERY OR CREMATORY NewDiggins	23d. LOCATION (City, town, or county) Rt. 1 Mineral Point, Missouri
24. FUNERAL DIRECTOR Sparks Potosi, Missouri		25. DATE RECD. BY LOCAL REG. 12/13/63	26. REGISTRAR'S SIGNATURE <i>Arden Kendall</i>

DO NOT WRITE ON THIS STUB
 AMENDED
 DATE AMENDED
 1 **1101**
 2 **1100**
 3
 4 **0**
 5 **1**
 6
 7 **1**
 8 **2**
 9 **981x**
 10
 11
 12 **90-8**
 13 **1-5**
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

MISSOURI - 2000

DEC 20 1963

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 *Ronald Sparks*

Licensed Embalmer No. 4819

P. O. Address Potosi, 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.