

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-048904

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3250 Registrar's No. 52

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 24 1963

VS 300
Rev. 4/59

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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

7. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pemiscot		a. STATE Missouri COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville		Length of stay in 1b 2 Yrs.	c. CITY OR TOWN Caruthersville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1211 Madison Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1211 Madison Ave.
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First James	Middle Lem	Last Harper	Month December Day 7 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 4/29/82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm-Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 81
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	11. BIRTHPLACE (City and state or country) Eaton, Tennessee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. [REDACTED]	12. CITIZEN OF WHAT COUNTRY U.S.A.
18. CAUSE OF DEATH (Enter only one cause per line)		14. NAME OF HUSBAND OR WIFE Ida Harper	
PART I. DEATH WAS CAUSED BY:		17. INFORMANT Address Michigan Mrs. Harvey Rutherford-St. Joseph,	
IMMEDIATE CAUSE (a) D.O.A.		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) A.S.H.D. with failure	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		DUE TO (c)	
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 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 COUNTY STATE
21. I attended the deceased from D.O.A. to D.O.A. and last saw her/him alive on 12-2-63		Death occurred at about 1 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>C. W. Heston</i> M.D.		22b. ADDRESS Box 201, Caruthersville, Mo	22c. DATE SIGNED 12-12-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 9, 1963	23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	23d. LOCATION (City, town, or county) Caruthersville, Missouri
24. FUNERAL DIRECTOR H.S. Smith F. Home-		25. DATE RECD. BY LOCAL REG. 12-13-63	26. REGISTRAR'S SIGNATURE <i>Jack W. Tipton</i>

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 W Dewey Jike

Licensed Embalmer No. 4484

P. O. Address Caruthersville 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.