

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0028225

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5508 Registrar's No. 218

FILED AUG 1 1966

VS 300
Rev. 4/59

1 0420

2 6070

3

4 0

5 1

6

7 0

8 2

9 X

10

11 042

12 91-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Deepwater-Henry County</u>		Length of stay in 1b <u>Minutes</u>	c. CITY OR TOWN <u>Adrian</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 13, Henry County</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>UNKNOWN</u>
3. NAME OF DECEASED (Type or print) <u>Richard A. Cusward</u>			4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1966</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>CAUC.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 14, 1942</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	9. AGE (last birthday) <u>22</u>
13a. FATHER'S NAME <u>William C. Cusward</u>		13b. MOTHER'S MAIDEN NAME <u>OLA MAE PRETTYMAN</u>	11. BIRTHPLACE (City and state or country) <u>BATES COUNTY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>494-46-0248</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
17. INFORMANT <u>U.S. ARMY CONFLICT</u>		17. INFORMANT Address <u>Carol Sue Cusward</u> <u>Adrian Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental Cause -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immed</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Compound Skull Fracture</u>			"
DUE TO (c) <u>Chest Injury - (crushed)</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 checked="" 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.) <u>Motor vehicle Accident</u>	
20c. TIME OF INJURY <u>12 p.m.</u>	Month, Day, Year <u>7-26-66</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 13 Mo</u>	20f. CITY, TOWN, OR LOCATION <u>Deepwater</u>	COUNTY <u>Henry</u> STATE <u>Mo</u>
21. I attended the deceased from <u>unattended</u> , to _____ and last saw her/him alive on _____ Death occurred at approx <u>12 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard N. King M.D.</u>		(Degree or title) <u>Henry County Coroner</u>	22b. ADDRESS <u>106 S. 3rd Clinton Mo</u>
22c. DATE SIGNED <u>7-27-66</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 29-66</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Adrian Missouri</u>
24. FUNERAL DIRECTOR <u>R.E. Nichols Chapels</u>		ADDRESS <u>Clinton, MO</u>	25. DATE RECD. BY LOCAL REG. <u>July 27-66</u>
		26. REGISTRAR'S SIGNATURE <u>Mildred Biguno</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AUG 4 1966

AUG 5 1966

OCT 1 3 1966

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 R.E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. P. MD

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.

Permit obtained 7-29-66
MB