

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0010199

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 100

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425

2 0420

3

4 0

5 1

6

7 0

8 2

9 331X

10

11

12 2-2

13 1-0

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>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLINTON</u>		c. CITY OR TOWN <u>Rural CLINTON</u>	
Length of stay in 1b <u>5 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Wetzel Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>Rt # 2</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>FRANK CLIFFORD ENDICOTT</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>30</u> Year <u>1967</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>July 7, 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		11. BIRTHPLACE (City and state or country) <u>Seymour, Mo</u>	
13a. FATHER'S NAME <u>Joseph Henry Endicott</u>		14. NAME OF HUSBAND OR WIFE <u>Christiana Endicott</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Hines</u>		17. INFORMANT <u>Christiana Endicott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-09-6167</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>Cerebral vascular accident</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>7 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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. 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 <u>3/25/67</u> to <u>3/30/67</u> and last saw her alive on <u>3/30/67</u> Death occurred at <u>2:00 A m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R J Powell DO</u>		22b. ADDRESS <u>Clinton Mo</u>	
22c. DATE SIGNED <u>3/30/67</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr 1, 1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridgely Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Racket Benton Co. Mo</u>
24. FUNERAL DIRECTOR <u>John F Reser Warsaw</u>		25. DATE RECD. BY LOCAL REG. <u>April 1, 1967</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.