

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022765

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. \_\_\_\_\_ Registrar's No. 144

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0420  
2 0420-  
3  
4 1  
5 1  
6  
7 0  
8 2  
9 9160  
10 3  
11 042  
12 90-3  
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. <b>FILED WITH</b> JUN 25 1962		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton RR #2</u>	Length of stay in 1b <u>22 years</u>	c. CITY OR TOWN <u>Clinton</u>	Inside Limits: Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RR #2</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. <b>NAME OF DECEASED</b> (Type or print) First <u>Anna</u> Middle <u>Blanche</u> Last <u>East</u>		4. <b>DATE OF DEATH</b> Month <u>6</u> Day <u>18</u> Year <u>1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <u>2/5/1911</u>
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Barry Business</u>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b>	11. <b>BIRTHPLACE</b> (City and state or country) <u>Henry Co Mo</u>
13a. <b>FATHER'S NAME</b> <u>John Perry Esray</u>	13b. <b>MOTHER'S MAIDEN NAME</b> <u>Syrdie Bradley</u>	14. <b>NAME OF HUSBAND OR WIFE</b> <u>Wyatt</u>	
9. <b>AGE</b> (last birthday) <u>51</u>		12. <b>CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (If yes, give war or dates of service) <u>no</u>		16. <b>SOCIAL SECURITY NO.</b>	17. <b>INFORMANT</b> <u>Wyatt East Clinton Mo</u>
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Suffocation &amp; asphyxiation</u>			<u>Immediate</u>
DUE TO (b) <u>3rd degree Burns 80% Body Surface</u>			<u>Immediate</u>
DUE TO (c)			
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. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. <b>ACCIDENT</b> <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>Burned in Home Fire</u>	
20c. <b>TIME OF INJURY</b> Hour <u>4</u> a.m. <u>4</u> p.m.	Month, Day, Year <u>6-18-62</u>		
20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>From Home</u>	20f. <b>CITY, TOWN, OR LOCATION</b> <u>Clinton RR #2</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 <u>approx 4 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. <b>SIGNATURE</b> (Degree or title) <u>Richard H. King M.D.</u>		21b. <b>ADDRESS</b> <u>Henry County Courthouse</u>	21c. <b>DATE SIGNED</b> <u>6/18/62</u>
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	23b. <b>DATE</b> <u>6/20/62</u>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <u>Englewood cern</u>	23d. <b>LOCATION</b> (City, town, or county) <u>Clinton Mo</u>
24. <b>FUNERAL DIRECTOR</b> <u>Consuelo Clinton Mo</u>		25. <b>DATE RECD. BY LOCAL REG.</b> <u>June 18, 1962</u>	26. <b>REGISTRAR'S SIGNATURE</b> <u>Mildred Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

*King*

JUL 12 1962

JUN 28 1962

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 J E Conrader  
Licensed Embalmer No. 1891

P. O. Address Clinton 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.

Permit Obtained

6/18/62

(M.B.)