

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034519
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 209 Registrar's No. 209

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10420
20420

3
4 1
5 1
6
7 1
8 2
9 X
10
11042
1291-3
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 17 1962

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Twn. Length of stay in lb
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway M52 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Henry
c. CITY OR TOWN Windsor Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 2 mi West of Windsor Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Dorothy Jean Feaster 4. DATE OF DEATH Month Day Year Sept 3 - 1962

5. SEX Female 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-18-1919 9. AGE (last birthday) 43 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Barnsboro, Penn. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Smith 13b. MOTHER'S MAIDEN NAME Lulu Rafferty 14. NAME OF HUSBAND OR WIFE Homer Feaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Address Jo Ann Smith, Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown Unnatural Causes INTERVAL BETWEEN ONSET AND DEATH immediate
DUE TO (b) Fracture of Cervical Vertebrae
DUE TO (c) Crushing injury Left chest
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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2 car auto accident

20c. TIME OF INJURY Hour a.m. p.m. 8 Month, Day, Year 9-3-62

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 52-Mo. 20f. CITY, TOWN, OR LOCATION COUNTY STATE 1 mile west Lewis Station Henry Mo

21. I attended the deceased from unattended to her and last saw him alive on 8 pm on, the date stated above, and to the best of my knowledge, from the causes stated.

SIGNATURE (Degree or title) Richard H. King M.D. ADDRESS Henry County 106 S. 3rd Clinton Mo 22c. DATE SIGNED 9/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-6-62 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak 23d. LOCATION (City, town, or county) (State) Windsor Mo.

24. FUNERAL DIRECTOR ADDRESS Ellis M. Huston, Windsor, Mo. 25. DATE RECD. BY LOCAL REG. Sept. 13, 1962 26. REGISTRAR'S SIGNATURE Naldred Begeman

OCT 9 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 Ellen M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor 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 Board 9-3-1962 W.B. J.P. E.H.