

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034520

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 215  
**FILED SEP 24 1962**

VS 300  
Rev. 4/59

10425  
20425

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4 0  
5 1  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>		Length of stay in 1b <b>2 1/2 Yrs</b>	c. CITY OR TOWN <b>Clinton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Water St</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>814 East Green St</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Donald</b> Middle <b>Eugene</b> Last <b>Fields</b>		4. DATE OF DEATH Month <b>Sept</b> Day <b>14</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-11-34</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clearfield Cheese, Henry Co Mo.</b>	9. AGE (last birthday) <b>28</b>
13a. FATHER'S NAME <b>Edward Fields</b>		13b. MOTHER'S MAIDEN NAME <b>Maude Robertson</b>	14. NAME OF HUSBAND OR WIFE <b>Sharon Fields</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes 1956 to 1958</b>		16. SOCIAL SECURITY NO. <b>495-38-86</b>	17. INFORMANT <b>Edward Fields RR 6 Clinton Mo</b> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gun shot wound of left chest.</b> DUE TO (b) <b>probable penetration heart</b> DUE TO (c) <b>self inflicted</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
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 type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>self inflicted gun shot wound left chest</b>	
20c. TIME OF INJURY Hour <b>5:30</b> p.m. Month <b>9</b> Day <b>14</b> Year <b>1962</b>		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.) <b>Water St. Clinton Mo.</b>		20f. CITY, TOWN, OR LOCATION <b>Clinton</b>	COUNTY <b>Henry</b> STATE <b>Mo</b>
21. I attended the deceased from <b>unattended</b> , to _____ and last saw her/him alive on _____ Death occurred at <b>5:30 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
SIGNATURE <b>Richard N. King M.D. coroner</b>		(Degree or title) <b>Henry County</b>	22. DATE SIGNED <b>9/17/62</b> (State) <b>Mo</b>
22b. ADDRESS <b>106 S. 3rd Clinton Mo.</b>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-17-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calhoun Missouri</b>	23d. LOCATION (City, town, or county) <b>Calhoun Mo</b>
24. FUNERAL DIRECTOR <b>Sickman &amp; Dunning Clinton Mo</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Sept. 17, 1962</b>
			26. REGISTRAR'S SIGNATURE <b>Mildred Beguen</b>

USE BLACK INK OR TYPEWRITER RIBBON

APR 16 1963

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 Robert L. Dunning

Licensed Embalmer No. 4710

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

9/17/62

M.B.