

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042371

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 292 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 3 1962**

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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>Newry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton Mo</u>		Length of stay in lb <u>2 1/2 months</u>	c. CITY OR TOWN <u>Urich</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Clinton Convalescent Center</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Clinton, Mo.</u>
3. NAME OF DECEASED (Type or print) <u>HALIE IRVINE MARKSBERRY</u>		4. DATE OF DEATH Month <u>11</u> Day <u>24</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-9-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		11. BIRTHPLACE (City and state or country) <u>Urich, Mo-Newry</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>John B. Cornett</u>		13b. MOTHER'S MAIDEN NAME <u>Blews</u>	14. NAME OF HUSBAND OR WIFE <u>W. J. Brown Urich Mo</u>
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>W. J. Brown Urich Mo</u>		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) <u>Right side apoplexy</u> DUE TO (b) <u>Cardiovascular disease</u> DUE TO (c) <u>Severe Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 months</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 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 <u>8:30</u> a.m. p.m. Month, Day, Year <u>April, 1962</u>	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 <u>Urich, Mo.</u>
21. I attended the deceased from <u>April, 1962</u> to <u>11-24-62</u> and last saw her/him alive on <u>11-24-62</u> Death occurred at <u>8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D. A. D. Corpolongo D.O.</u>		22b. ADDRESS <u>Urich, Mo.</u>	22c. DATE SIGNED <u>11-26-62</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>11-27-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Parisville</u>	23d. LOCATION (City, town, or county) (State) <u>Near Urich, Newry, Mo.</u>
24. FUNERAL DIRECTOR <u>W. J. Brown, Urich Mo</u>		25. DATE RECD, BY LOCAL REG. <u>Nov 26, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Wildred Biguen</u>

USE BLACK INK OR TYPEWRITER RIBBON

MISSOURI DEPARTMENT OF HEALTH

**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. R. Kennedy

Licensed Embalmer No. 3099

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*

*1/26/62*

*M.B.*