

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011366

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 104

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 2 Days	c. CITY OR TOWN Clinton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Osteopathic Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD, # 1,
3. NAME OF DECEASED (Type or print) First EFFIE Middle M. Last BROWN		4. DATE OF DEATH Month March Day 30 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/10/1877
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months 3 Days 20	IF UNDER 24 HR Hours 20 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Johnson Co., Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Davis		13b. MOTHER'S MAIDEN NAME Annie Wilson	14. NAME OF HUSBAND OR WIFE Deceased
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. None	17. INFORMANT Address Virgil Brown, R. # 1, Clinton, 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) Medullary Paralysis			INTERVAL BETWEEN ONSET AND DEATH Seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Myocardial Insufficiency			Minutes
DUE TO (c) Acute Coronary Occlusion			Minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Arteriosclerotic Heart Disease; Lobar Pneumonia			PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 a.m. p.m.	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 3-15-60 to 3-30-63 and last saw her/him alive on 3-30-63 Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clinton L. Glespy (Degree or title)		22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 4/1/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 2, 1963	23c. NAME OF CEMETERY OR CREMATORY Paul Cemetery	23d. LOCATION (City, town, or county) Clinton, Mo. Rural
24. FUNERAL DIRECTOR ADDRESS Vansant Funeral Home, Clinton, Mo.		25. DATE RECD. BY LOCAL REG. APRIL 1-1963	26. REGISTRAR'S SIGNATURE Mildred Bigum

Mr. Glasgow -

Call when ready -

no 25.2021

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Permit Obtained

4-1-63

(M.B.)

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 W.D. Vansant

Licensed Embalmer No. 3779

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.