

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0034883

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4198 Registrar's No. 79

FILED SEP 21 1967

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0380

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>King City</u>		Length of stay in 1b <u>5 Mo.</u>	c. CITY OR TOWN <u>Helena</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>King City Manor</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Gates</u> Last <u>Jackson</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>11</u> Year <u>1967</u>
5. SEX <u>Male</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>1-23-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stockman & Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	9. AGE (last birthday) <u>89 yrs</u>
13a. FATHER'S NAME <u>Andrew Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Fletchell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs. John Tritter, Helena, Mo.</u>	
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>Carcinoma of prostate & extension to bladder & liver</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</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 checked="" 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.	Month, Day, Year <u>9-11-67</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>King City, Mo</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>6-22-67</u> to <u>9-11-67</u> and last saw him alive on <u>Sept 11, 1967</u> Death occurred at <u>10:25 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>Diana Barnes DO</u> (Degree or title)		22b. ADDRESS <u>King City, Mo</u>	22c. DATE SIGNED <u>9-12-67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-13-1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Star</u>	23d. LOCATION (City, town, or county) <u>Union Star Missouri</u>
24. FUNERAL DIRECTOR <u>Clark Funeral Home</u> ADDRESS <u>King City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-18-67</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

P. obtained
9-17-67

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 Roland B Clark

Licensed Embalmer No. 4477

P. O. Address King City 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.