

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048022

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 149

FILED DEC 18 1962

VS 300
Rev. 4/59

10890

20891

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9583X

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND TOWNSHIP		Length of stay in 1b 2 days	c. CITY OR TOWN Richmond, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 129 Cunningham
3. NAME OF DECEASED (Type or print) Emmet Artman		4. DATE OF DEATH Month Dec. Day 7 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/2/95
9. AGE (last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Corp of Engineer	11. BIRTHPLACE (City and state or country) Orrick, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Harve Artman	
13b. MOTHER'S MAIDEN NAME Della Legg Artman		14. NAME OF HUSBAND OR WIFE Ella Berry Artman	
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. 510-22-7751	
17. INFORMANT Ella Berry Artman, Richmond, 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) Massive Gastric Hemorrhage DUE TO (b) Esophageal Varices DUE TO (c) Liver & Pulmonary Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Postoperative Vomiting	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 1:30 p.m. Month, Day, Year		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.)		20f. CITY, TOWN, OR LOCATION Richmond	
21. I attended the deceased from Death occurred at 13:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Maluel Jackson	
22b. ADDRESS Richmond		22c. DATE SIGNED 12-10-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/9/62	
23c. NAME OF CEMETERY OR CREMATORY South Point		23d. LOCATION (City, town, or county) (State) Orrick, Mo.	
24. FUNERAL DIRECTOR Gowling Funeral Home		25. DATE RECD. BY LOCAL-REG. 12-13-1962	
ADDRESS Orrick, Mo.		26. REGISTRAR'S SIGNATURE Maluel Jackson	

USE BLACK INK OR TYPEWRITER RIBBON

DEC 19 1962

no burial permitted

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 Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address Liberty 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.