MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-011637
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 62

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0495
2 0495
3 2
4 0
5 2
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7 0
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9 7954
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12 90-8
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED APR 2 1962

1. PLACE OF DEATH
a. COUNTY: Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webb City
Length of stay in 1b:

c. CITY OR TOWN: Webb City
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 303 N. Walker
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 303 N. Walker
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lester Middle: Leroy Last: Stice

4. DATE OF DEATH: Month: March Day: 28, Year: 1962

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9/2/1896

9. AGE (last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Shoefactory Employee

11. BIRTHPLACE (City and state or country): Macon, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Stice

13b. MOTHER'S MAIDEN NAME: Emma Curtis

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Dorall Stice Forbes, Address: Kentwood, La.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Natural causes as investigated by

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Wendell Fuhr D.D.S.
DUE TO (c) Coroner of Jasper County, Mo.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Was found dead in home, 3-28-1962

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mrs. Madeline Switzer L.R.

22b. ADDRESS: Webb City, Mo.

22c. DATE SIGNED: 3-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/31/1962

23c. NAME OF CEMETERY OR CREMATORY: Olive Branch

23d. LOCATION (City, town, or county) (State): Vernon Co., Missouri

24. FUNERAL DIRECTOR ADDRESS: Hedge-Lewis Funeral Home, Webb City, Mo.

25. DATE RECD. BY LOCAL REG.: 3-29-62

26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Richard Troy Lewis

Signature of Student Embalmer

Licensed Embalmer No. 4485

P. O. Address Webb 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.