

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014763

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 74

FILED APR 23 1962

VS 300  
Rev. 4/59

1 0350

2 0725

3

4 0

5 1

6

7 1

8 2

9 X

10

-11 035

12 91-3

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE <b>Mo.</b>	b. COUNTY <b>Pemiscot</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence Twp.</b>		c. CITY OR TOWN <b>Caruthersville,</b>	
Length of stay in 1b <b>None</b>		Inside Limits <b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Tinkerville, Mo.</b>		d. STREET ADDRESS <b>E. 5th</b> (If outside, give location)	
Inside Limits <b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>		Reside on Farm <b>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>Thomas</b>	Middle <b>Gene</b>	Last <b>Prince</b>	Month <b>April</b>	Day <b>9</b>	Year <b>62</b>

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 5 1934</b>	9. AGE (last birthday) <b>28</b>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto Parts</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-- --</b>	11. BIRTHPLACE (City and state or country) <b>Lake Co. Tenn.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
---	--	--	---

13a. FATHER'S NAME <b>Edward T. Prince</b>	13b. MOTHER'S MAIDEN NAME <b>Eva Leon Prince</b>	14. NAME OF HUSBAND OR WIFE <b>Goldie Sullinger Prince</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wsr or dates of service) <b>Yes Korea</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Edward T. Prince</b> Address <b>Marston, Mo.</b>
---	-------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
IMMEDIATE CAUSE (a) <b>Broken Neck</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Car Wreck</b>	
DUE TO (c)		

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.) <b>Lost control of car and hit store building.</b>
--	---	---

20c. TIME OF INJURY <b>1:00 a.m. 4-9-62</b>	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, factory, store, office bldg., etc.) <b>Store building</b>	20f. CITY, TOWN, OR LOCATION <b>Tinkerville</b> COUNTY <b>Dunklin</b> STATE <b>Mo.</b>
---	---	---	--

21. I attended the deceased from **1:00 A.M.** 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 <i>Quinton Tarver Corbner</i> (Degree or title)	22b. ADDRESS <b>Kennett, Mo.</b>	22c. DATE SIGNED <b>4-18-62</b>
--	----------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/11/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mounds</b>	23d. LOCATION (City, town, or county) (State) <b>Near New Madrid, Mo.</b>
---	--------------------------	--	---

24. FUNERAL DIRECTOR <b>Robards Funeral Home</b> ADDRESS <b>New Madrid, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-20-1962</b>	26. REGISTRAR'S SIGNATURE <i>Emil J. Huschard</i>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

MAY 11 1962

JUN 22 1962

APR 24 1962



**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 *L. R. Rudolph*

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.

