

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021666

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 52

FILED MAY 25 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED		
Rev. 4/59				
1030				
2720				
3				
4 0				
5 3				
6				
7 1				
8 2				
9 X	INSTEAD OF	DOCUMENT		
10				
11 103				
12 71-3				
13 2-0				
			BY AFFIDAVIT OF	MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) Elk Twsp		Length of stay in 1b	c. CITY OR TOWN Catron
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. north of Catron		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Catron
3. NAME OF DECEASED (Type or print) Otis Francis Miranda		4. DATE OF DEATH May 13 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-29-62
9. AGE (last birthday) 59		IF UNDER 1 YEAR Months 7 Days 29	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Washington Miranda	13b. MOTHER'S MAIDEN NAME Nancy Howard
14. NAME OF HUSBAND OR WIFE		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.		17. INFORMANT W.O. Swiney - Catron, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed chest		INTERVAL BETWEEN ONSET AND DEATH 10 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Passenger in truck which run off road	
20c. TIME OF INJURY Hour 10:30 p.m. 5-13-62		and turned over in ditch.	
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.) County Road.	
20f. CITY, TOWN, OR LOCATION Catron		COUNTY Stoddard County, Mo.	
20g. STATE R. 1		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10-30-A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Mark Watkins</i> Coroner		22b. ADDRESS Dexter, Mo.	
22c. DATE SIGNED 5-14-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 5-16-62		23c. NAME OF CEMETERY OR CREMATORY Oakland Cem.	
23d. LOCATION (City, town, or county) Keokuk, Iowa		23e. STATE Iowa	
24. FUNERAL DIRECTOR Ponder Funeral Home - Lilbourn, Mo.		25. DATE RECD. BY LOCAL REG. 5-16-62	
26. REGISTRAR'S SIGNATURE <i>Velma V. Jenkins</i>			

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 [Signature] _____

Licensed Embalmer No. 5030

P. O. Address [Signature]

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.