

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023575

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5574 Registrar's No. 61

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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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

<b>FILED JUN 26 1962</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Van Burren Tswp</u> Length of stay in lb <u>70 yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Corn Rd.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Lone Jack</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Widdie</u> Middle <u>Alma</u> Last <u>Corn</u>	
<b>4. DATE OF DEATH</b> Month <u>June</u> Day <u>13</u> Year <u>1962</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>
<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1/26/1875</u>
<b>9a. USUAL OCCUPATION</b> (Give kind of work done during most of working life; even if retired) <u>House wife</u>	<b>9b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>
<b>10a. BIRTHPLACE</b> (City and state or country) <u>Nevada Mo</u>	<b>10b. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
<b>11a. FATHER'S NAME</b> <u>William Perdue</u>	<b>11b. MOTHER'S MAIDEN NAME</b> <u>Martha Nivens</u>
<b>12a. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year of dates of service) <u>No</u>	<b>12b. SOCIAL SECURITY NO.</b> <u>No</u>
<b>13. INFORMANT</b> <u>Mrs Ernest Moore - Oak Grove Mo</u>	<b>14. ADDRESS</b>
<b>15. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral arteriosclerosis</u> DUE TO (b) <u>Sen</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senilitis</u>	
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	
<b>16. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>17. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>18. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____	
<b>19. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
<b>21. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____	
I attended the deceased from <u>1953</u> <u>6 P.M.</u> to <u>June 1962</u> and last saw her alive on <u>January 1 1961</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
<b>22a. SIGNATURE</b> (Degree or title) <u>James W. Williams MD</u>	<b>22b. ADDRESS</b> <u>Oak Grove, MO</u>
<b>22c. DATE SIGNED</b> <u>6/15/62</u>	(State) _____
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>June 15 1962</u>
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Grove Cem</u>	<b>23d. LOCATION</b> (City, town, or county) <u>Oak Grove</u>
<b>24. FUNERAL DIRECTOR</b> <u>Webb Funeral Home Oak Grove Mo</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>6/15/62</u>
<b>26. REGISTRAR'S SIGNATURE</b> <u>W B Langford</u>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 William Green

Licensed Embalmer No. 4733

P. O. Address Cher Springs 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.