

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028098

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 285

DO NOT WRITE ON THIS STUB

AMENDED

Event Comm
VS 300
Rev. 4/59
0800
20800

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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11 080
12 90-0
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1. PLACE OF DEATH JUL 31 1962 a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green Ridge RFD # 2		Length of stay in 1b	c. CITY OR TOWN Green Ridge	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD No. 2	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROBIN D'ANN PURCHASE			4. DATE OF DEATH Month Day Year July 27, 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 13, 1960	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 1 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Windsor, Mo.	12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME Wilford L. Purchase		13b. MOTHER'S MAIDEN NAME Carolyn Ream		14. NAME OF HUSBAND OR WIFE None	
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. None	17. INFORMANT Address Wilford L. Purchase Green Ridge, 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) Drowning in tank of water					INTERVAL BETWEEN ONSET AND DEATH 15 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 checked="" 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) None					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.) Fell into tank of water			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 7 a.m. 7-27-62	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.) Home on farm	20f. CITY, TOWN, OR LOCATION Green Ridge RFD. 2	COUNTY Pettis	STATE MO
21. I attended the deceased from July 27, 1962 to July 27, 1962 and last saw her ^{her} alive on May 25 1962 Death occurred at Home 7 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. A. Hite M.D. (Degree or title)			22b. ADDRESS Green Ridge Mo		22c. DATE SIGNED 7-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 29, 1962	23c. NAME OF CEMETERY OR CREMATORY Green Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Green Ridge, Mo.		
24. FUNERAL DIRECTOR ADDRESS Glen E. Heck Funeral Home Green Ridge, Mo.			25. DATE RECD. BY LOCAL REG. July 28, 1962	26. REGISTRAR'S SIGNATURE Nancy Anderson, Deputy	

AUG 9 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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Green Ridge, 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.