

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042217

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1645

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 19 1962

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Green	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 2 wks.	c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 520 Mt. Vernon Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) OLLIE ANDERSON			4. DATE OF DEATH Month November Day 4 Year 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 7/21/1882
9. AGE (last birthday) 80		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) Hardware Dealer		10b. KIND OF BUSINESS OR INDUSTRY Hardware Store	11. BIRTHPLACE (City and state and country) St. Jacobs, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME J. D. Anderson	
14. MOTHER'S MAIDEN NAME Unknown		15. NAME OF HUSBAND OR WIFE None	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. Unknown	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		19. INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) Essential Hypertension	
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		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	23. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	26. CITY, TOWN, OR LOCATION COUNTY STATE	
27. I attended the deceased from Sept 27 to 4 Nov 62 and last saw him live on 3 Nov 62 Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		28. SIGNATURE (Degree or title) R. D. Callaway M.D.	
29. ADDRESS Springfield, Mo.		30. DATE SIGNED 13 Sep 62	
31. BURIAL, CREMATION, REMOVAL (Specify) Burial	32. DATE 11/6/62	33. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	34. LOCATION (City, town, or county) (State) Neosho, Mo.
35. FUNERAL DIRECTOR Clark Funeral Home Neosho, Mo.		36. DATE RECD. BY LOCAL REG. 11-15-62	
37. REGISTRAR'S SIGNATURE Effie S. Merton			

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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 S. Wood
Neosho, 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.