

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11833-62-044047
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

FILED DEC 14 1962

VS 300
Rev. 4/59

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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 a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
		ST. LOUIS, MISSOURI				Missouri		Pulski		Crocker					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
BARNES HOSPITAL						Rural Route No. 1									
3. NAME OF DECEASED (Type or print)						4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
VIOLET A. BURNETT						DECEMBER 10 1962		Female		White					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR	
Housewife				At Home				2/28/1912		50		Months Days Hours Min.			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY			
H. W. Stites				Mary Caldwell				Crocker, Missouri				U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT				Address			
No				Nil				Unknown				Fred Burnett, Crocker, Missouri.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:												INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) EMPYEMA												3 WEEKS			
DUE TO (b) GASTRIC TUBE REPLACEMENT												2 MONTHS			
DUE TO (c) ESOPHAGEAL STRICTURE, ETIOLOGY UNDETERMINED												30-40 YEARS			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
539.1															
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.)											
20c. TIME OF INJURY		Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE							
21. I attended the deceased from <u>SEPT. 26, 1962</u> to <u>DEC. 10, 1962</u> and last saw her <u>DEC. 10, 1962</u> and to the best of my knowledge, from the causes stated.															
Death occurred at <u>4:40 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>C. D. Vermillion, M.D.</i>						(Degree or title) M. D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 12/10/62					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)							
Removal		12/13/62		Crocker Memorial		Crocker, Missouri.									
24. FUNERAL DIRECTOR Moss-Williams, Crocker, Missouri.						25. DATE RECD. BY LOCAL REG. DEC 10 1962		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>							

DEC 18 1962

MISSOURI DEPARTMENT OF HEALTH

CERTIFICATE OF EMBALMING

11

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 Charles E. Moss

Licensed Embalmer No. 4896

P.O. Address Waynesville

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.