MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047734
STATE FILE NUMBER

Registration District No. 225 Primary Registration District No. 5797 Registrar's No. 19

FILED JAN 7 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0680
2 8150 2
3
4 1
5 2
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7 1
8 2
9 X
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11 068
12 91-3
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 1½ Mi. E. of Tipton
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Sedgewick
c. CITY OR TOWN: Wichita — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 317 Clifton — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Carolyn Middle: Stuart Last: Exon
4. DATE OF DEATH: Month: Dec. Day: 21, Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/20/88
9. AGE (last birthday): 74 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: – Home
11. BIRTHPLACE (City and state or country): Rush County, Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles Smith
13b. MOTHER'S MAIDEN NAME: Ella Dennis Stuart
14. NAME OF HUSBAND OR WIFE: George Edward Exon
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: Dr. Stuart Exon, Jefferson City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fractured skull — INTERVAL BETWEEN ONSET AND DEATH: Instant
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto ran off road.
20c. TIME OF INJURY: Hour 8:30 a.m. Month, Day, Year: Dec 21, 1962
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 50
20f. CITY, TOWN, OR LOCATION: 1½ mile East Tipton — COUNTY: Moniteau — STATE: Mo.
21. I attended the deceased from dead when first seen and last saw her/him alive on
Death occurred at 8-30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Kenyon Latham MD - Coroner
22b. ADDRESS: California, Mo
22c. DATE SIGNED: 12-26-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Dec. 26, 1962
23c. NAME OF CEMETERY OR CREMATORY: Maple Grove
23d. LOCATION (City, town, or county) (State): Wichita, Kansas
24. FUNERAL DIRECTOR — ADDRESS: Freeman Mortuary, Jefferson City, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 28, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Maude Hudson

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1963

FEB 27 1963

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 Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Jefferson City, 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.