

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047861

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 234

FILED JAN 2 1963

VS 300
Rev. 4/59

0781
20780

3

4 1

5 2

6

7 1

8 0

9 331X

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Camden</u>		a. STATE <u>MO</u>	b. COUNTY <u>Camden</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Coates</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>		Inside Limits Yes <input checked="" 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"/>

3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH Month Day Year		
<u>Martha Josephine Tate</u>			<u>12-20-62</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-24-70</u>	9. AGE (last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Carroll Co Tenn</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>John Melton</u>		13b. MOTHER'S MAIDEN NAME <u>Paula Cooper</u>	
14. NAME OF HUSBAND OR WIFE		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 <u>Dottie Flowers</u>		Address <u>Coates MO</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Pericardial Bacterial Infection</u>		<u>4 days</u>
DUE TO (b) <u>Hypostatic - bacterial</u>		
DUE TO (c) <u>Decomposed Autolysis - 1000 hrs</u>		
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 type="checkbox"/> No <input type="checkbox"/> Unknown

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 checked="" 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 12-12-62 to 12-20-62 and last saw her alive on 12-20-62
 Death occurred at 11:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Odell Lee M.D.</u>	(Degree or title)	22b. ADDRESS <u>Hayti, MO.</u>	22c. DATE SIGNED <u>12-22-62</u>
--------------------------------------	-------------------	--------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVALS (Specify) <u>Burial</u>	23b. DATE <u>12-23-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u># 8</u>	23d. LOCATION (City, town, or county) <u>Coates, MO.</u>	(State)
--	---------------------------	---	--	---------

24. FUNERAL DIRECTOR <u>Bernon Funeral Home</u>	ADDRESS <u>St. Louis MO</u>	25. DATE RECD. BY LOCAL REG. <u>12-28-62</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</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 Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address St. Luke, Miami

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.