

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000172

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 4036 Registrar's No. 14

FILED JAN 29 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

6070
8070

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4 1
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98916
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill		Length of stay in 1b Unknown	c. CITY OR TOWN Rich Hill Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5th and Park Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Stixson Butler Mo.
3. NAME OF DECEASED (Type or print) Dora Carolyn Headley		4. DATE OF DEATH Month Day Year January 16, 1962	
5. SEX Female	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3/9/36
9. AGE (last birthday) 26		IF UNDER 1 YEAR Months 10 Days 9	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 own home	11. BIRTHPLACE (City and state or country) Belhaven North Carolina USA
12. CITIZEN OF WHAT COUNTRY USA		13. NAME OF HUSBAND OR WIFE Dennis H. Daniels	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		15. SOCIAL SECURITY NO. 6	16. INFORMANT Arthur Headley-Butler, Missouri
17. ADDRESS Arthur Headley-Butler, Missouri		18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carbon monoxide poisoning.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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.) Overcome in garage - in car	
20c. TIME OF INJURY Hour a.m. about 5 Month, Day, Year 1 16 63		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.) Garage		20f. CITY, TOWN, OR LOCATION Rich Hill Bates Mo.	
21. I attended the deceased from about 4-5 A to 1-16-63 and last saw her/him alive on 1-18-63 . Death occurred at about 4-5 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Douglas C. Bonard M.D.		22b. ADDRESS Conroe, Bates, Mo.	
22c. DATE SIGNED 1-18-63		23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 1/19/63		23c. NAME OF CEMETERY OR CREMATORY Unknown	
23d. LOCATION (City, town, or county) Belhaven North Carolina		24. FUNERAL DIRECTOR Booth Funeral Serv-Rich Hill, Mo.	
25. DATE RECD. BY LOCAL REG. 1-19-63		26. REGISTRAR'S SIGNATURE Norma Jean Wilson	

USE BLACK INK OR TYPEWRITER RIBBON

MAR 6 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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler MD

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.