

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003032

STATE FILE NUMBER

Registration District No. 4448 Primary Registration District No. 6024 Registrar's No. 14

FILED JAN 31 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10890  
8890  
3  
4 0  
5 0  
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7 9  
8 2  
9/33.0  
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12 90-2  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Elmira</b>		Length of stay in 1b <b>20 Years</b>	c. CITY OR TOWN <b>Elmira</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Elmira, Mo.</b>		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"/>
3. NAME OF DECEASED (Type or print) First <b>Alex</b> Middle Last <b>Touchstone</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>23</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. ? 1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal miner</b>	9. AGE (last birthday) <b>83</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY <b>Unknown</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Chas Chamblin, Lawson, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac failure</b> DUE TO (b) <b>Ventricular stand-still</b> DUE TO (c) <b>Complete heart block</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Congestive heart failure severe uncompensated</b>			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. <b>1-23-63</b>	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 <b>1-11-62</b> to <b>1-21-63</b> and last saw <sup>her</sup> him alive on <b>1-21-63</b> Death occurred at <b>approx. 2 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. S. Plaut</i> (Degree or title)		22b. ADDRESS <b>405 N. Penn, Lawson, Mo.</b>	22c. DATE SIGNED <b>1-24-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/25/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elmira</b>	23d. LOCATION (City, town, or county) <b>Elmira Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Jarman Funeral Home, Lawson, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-28-1963</b>	26. REGISTRAR'S SIGNATURE <i>Mabel Jackson</i>

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1963

0120  
0120  
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Indecent exposure of a dead body - 1st degree - 10 years

**STATEMENT BY LICENSED EMBALMER**

3-0P

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 Lindell Jarman

Licensed Embalmer No. 4589  
P. O. Address Excelsior Springs, 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.