

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-007849

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5906 Registrar's No. 42

FILED MAR 5 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0780

2 0780

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4 3

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7 1

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9 91100

10 16

11 079

12 90-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Periscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Periscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Little River Township</u>		Length of stay in 1b <u>life</u>	c. CITY OR TOWN <u>Wardell</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R#1 Wardell, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R#1</u>
3. NAME OF DECEASED (Type or print) First <u>Annie</u> Middle <u>Mae</u> Last <u>Commander</u>			4. DATE OF DEATH Month <u>3</u> Day <u>1</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-13-54</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school</u>	9. AGE (last birthday) <u>8</u>
13a. FATHER'S NAME <u>Joe Edward Commander</u>		13b. MOTHER'S MAIDEN NAME <u>Robbie Lee Smith</u>	11. BIRTHPLACE (City and state or country) <u>Charleston, Miss.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XX</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
17. INFORMANT <u>Robbie Lee Commander</u>		14. NAME OF HUSBAND OR WIFE <u>XX</u> Address <u>Wardell, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Burned up in house fire</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (s), 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 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.) <u>unable to get out of burning house</u>	
20c. TIME OF INJURY Hour <u>2:30</u> a.m. <u>PM</u> Month, Day, Year <u>3-1-63</u>		20f. CITY, TOWN, OR LOCATION <u>Rt. 1, Wardell, Periscot, Mo.</u>	
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.) <u>Home</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>2 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James G. Quinn, Coroner</u>		22b. ADDRESS <u>Wardell, Missouri</u>	22c. DATE SIGNED <u>3-1-63</u>
23a. BURIAL, CREMATION, REBURY (Specify) <u>Burial</u>		23b. DATE <u>3-1-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Homestown cemetery</u>
24. FUNERAL DIRECTOR <u>Osborn Funeral Home, Wardell, Mo.</u>		23d. LOCATION (City, town, or county) <u>Rt. 1, Wardell, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-1-63</u>
		26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>	

USE BLACK INK OR TYPEWRITER RIBBON

010100-207

FILED MAR 2 1968

Body was not embalmed
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.

Body was not embalmed

Student _____
Signature of Student Embalmer

Signed *James A. Isburn*

Licensed Embalmer No. 4785

P. O. Address Wardell, 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.