

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008077
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 56

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

6887

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILLED MAR 1 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Randolph		STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		c. CITY OR TOWN Moberly	
Length of stay in lb. 25 Years		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 1107 N Ault	
3. NAME OF DECEASED (Type or print) First James Middle Leon Last Edgar		4. DATE OF DEATH Month 2 Day 24 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/9/33
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Labor		10b. KIND OF BUSINESS OR INDUSTRY Gymnasium Equip	11. BIRTHPLACE (City and state or country) Jefferson City, Mo
13a. FATHER'S NAME Harry Edgar		13b. MOTHER'S MAIDEN NAME Elna M. Corbin	14. NAME OF HUSBAND OR WIFE Virginia Edgar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes June 1951-1959		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT Mrs. Clarence Clark Moberly, Mo		Address <input type="checkbox"/>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monxoid Poising			INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input type="checkbox"/> DUE TO (c) <input type="checkbox"/>			
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Placed garden hose in exaust pipe of auto	
20c. TIME OF INJURY XX Hour 2 Month 24 Day 63 Year 63 a.m. p.m.		running it around toventilator window on driver side of auto. He was slumped over steering wheel dead and	
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.) home	20f. CITY, TOWN, OR LOCATION Moberly, Randolph	COUNTY Missouri STATE
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at 2:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chris S. Jolly (Degree or title) Coroner		22b. ADDRESS 203 1/2 N. Clark St., Moberly,	22c. DATE SIGNED 2-25-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/26/63	23c. NAME OF CEMETERY OR CREMATORY Huntsville City	23d. LOCATION (City, town, or county) (State) Huntsville, Missouri
24. FUNERAL DIRECTOR Million & Greer Moberly, Missouri		25. DATE RECD. BY LOCAL REG. Feb. 26 - 1963	26. REGISTRAR'S SIGNATURE W. E. White

Switch still on and auto out of gasolin.

MAR 13 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 A. Green

Licensed Embalmer No. 3815

P. O. Address Moberly, Missouri.

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.

Permit issued 2-11-63