

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011254

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2500 Registrar's No. 371A

FILED MAR 20 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

T. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 4 hrs.	c. CITY OR TOWN Crane Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. #2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Buster Middle Paul Last Mc Entire			4. DATE OF DEATH Month March Day 7 Year 1963
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 8-8-1930
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Mill		10b. KIND OF BUSINESS OR INDUSTRY Farm & Feed Mill	11. BIRTHPLACE (City and state or country) Hurley, Missouri
13a. FATHER'S NAME Earl Mc Entire		13b. MOTHER'S MAIDEN NAME Mammie Tipton	14. NAME OF HUSBAND OR WIFE Zelda Chastain McEntire
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes		17. INFORMANT Address Zelda Mc Entire Crane Rt. 2, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest			INTERVAL BETWEEN ONSET AND DEATH 2 hours
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 type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Car wreck	
20c. TIME OF INJURY Hour 7 a.m. p.m. Month, Day, Year 3-7-63	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.) Highway		20f. CITY, TOWN, OR LOCATION Near Clever - Christian	COUNTY Mo STATE
21. I attended the deceased from 7:00 3-7-63 to 9:00 and last saw, ^{her} him alive on 9 PM 3-7-63 Death occurred at 9:00 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. Hoover		(Degree or title) M.D.	22b. ADDRESS 430 South Avenue Springfield, Missouri
22c. DATE SIGNED 3/16/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-11-1963	23c. NAME OF CEMETERY OR CREMATORY Union Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Stone Co. Missouri
24. FUNERAL DIRECTOR W.B. Cantrell Biever, Missouri		25. DATE RECD. BY LOCAL REG. 3-18-63	26. REGISTRAR'S SIGNATURE Effie S. Meelan

H.A. Lowe
USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 22 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 William B. Boutwell

Licensed Embalmer No. 4720

P. O. Address Republic, 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.

permitted