

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012358

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 3037 Registrar's No. 341

FILED MAR 27 1963

VS 300
Rev. 4/59

1 0585
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Linn | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Linn | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield | | Length of stay in 1b | c. CITY OR TOWN Brookfield |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 223 N Clinton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 223 N Clinton |
| 3. NAME OF DECEASED (Type or print) Hattie Stults | | First Middle Last | 4. DATE OF DEATH Month 3 Day 11 Year 63 |
| 5. SEX Fe | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/31/73 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 9. AGE (last birthday) 89 |
| 13a. FATHER'S NAME Thomas Kimbrough | | 13b. MOTHER'S MAIDEN NAME Elizabeth Moore | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Lucille Stults | | Address Brookfield, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY... IMMEDIATE CAUSE (a) Respiratory arrest | | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| Conditions, if any, which gave rise to above cause (a), starting the underlying cause fast. DUE TO (b) Series of Acute Cerebral Accidents | | | 90 hrs. |
| DUE TO (c) Advanced age and Generalized Debility | | | |
| 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 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 Month, Day, Year s.m. p.m. | 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 July 11, 1962 to 3/11/63 and last saw her ^{her} alive on 3/11/63 | | Death occurred at 10 ^A m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) John W. White, D. O. | | 22b. ADDRESS Brookfield, Mo. | 22c. DATE SIGNED 3/13/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/14/63 | 23c. NAME OF CEMETERY OR CREMATORY Morris Chapel | 23d. LOCATION (City, town, or county) (State) Purdin Rural Mo. |
| 24. FUNERAL DIRECTOR Wade Funeral Home | | 25. DATE RECD. BY LOCAL REG. 3-14-63 | 26. REGISTRAR'S SIGNATURE <i>Anna Watson</i> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON



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 Gerald I Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.