

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014522

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3012 Registrar's No. 59

FILED MAR 19 1963

DO NOT WRITE ON THIS STUB AMENDED

VS 300
Rev. 4/59

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2975

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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

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY SALINE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY SALINE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHALL | | Length of stay in 1b 3 1/2 hrs. | c. CITY OR TOWN MARSHALL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FITEGIBBON HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) FITEGIBBON HOSPITAL Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last DARLING (NONE) ELMORE | | | 4. DATE OF DEATH Month Day Year MARCH 12 1963 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/12/1963 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT | | 10b. KIND OF BUSINESS OR INDUSTRY INFANT | 11. BIRTHPLACE (City and state or country) MARSHALL, MO. |
| 13a. FATHER'S NAME JAMES ELMORE | | 13b. MOTHER'S MAIDEN NAME WANDA JONES | 14. NAME OF HUSBAND OR WIFE NONE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. [REDACTED] | 17. INFORMANT Address JAMES ELMORE, SLATER 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) Krenctakity 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 | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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. Month, Day, Year | 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.) | | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>3-12-63</u> to <u>3-12-63</u> and last saw her/him alive on <u>3-11-63</u> Death occurred at <u>7 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>James A. Reed M.D.</i> (Degree or title) | | 22b. ADDRESS <i>Marshall Mo</i> | 22c. DATE SIGNED 3-13-1963 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 3-13-1963 | 23c. NAME OF CEMETERY OR CREMATORY LITTLE ROCK | 23d. LOCATION (City, town, or county) (State) SALINE COUNTY, MO. |
| 24. FUNERAL DIRECTOR HAINES FUNERAL HOME, SLATER MO. | | 25. DATE RECD. BY LOCAL REG. 3-13-63 | 26. REGISTRAR'S SIGNATURE <i>W. D. Lead</i> |

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 BODY WAS NOT EMBALMED, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.