MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-014568
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 72

FILED MAR 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1007
2 1030
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4 1
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12 1-0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Sikeston
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Delta Community Hosp.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Stoddard
c. CITY OR TOWN: Bloomfield
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Route 3,
Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Jeanine Middle: Kay Last: Bostic
4. DATE OF DEATH: Month Mar. Day 9 Year 1963
5. SEX: Female
6. COLOR OR RACE: white
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 7-16-62
9. AGE (last birthday): ------ IF UNDER 1 YEAR: Months 7 Days 23 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Sikeston, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Melvin H. Bostic
13b. MOTHER'S MAIDEN NAME: Marilyn M. Arnold
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates o: none
16. SOCIAL SECURITY NO.:
17. INFORMANT: Melvin Bostic, Address: R # 3, Bloomfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute viral pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): virus infection — 36-48 hrs
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: [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 3-8-63, to 3-9-63 and last saw her/him alive on 3-8-63
Death occurred at 4:00 ? A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. D. Urban (Degree or title) M.D.
22b. ADDRESS: Sikeston
22c. DATE SIGNED: 3-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-11-63
23c. NAME OF CEMETERY OR CREMATORY: Williams Cemetery
23d. LOCATION (City, town, or county) (State): Perkins, Missouri

24. FUNERAL DIRECTOR: Wm. H. Morgan, ADDRESS: Advance, Mo.
25. DATE RECD. BY LOCAL REG.: March 22 1963
26. REGISTRAR'S SIGNATURE: Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

Permit issued March 8 - 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 Wm. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.