

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015382

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 75 Primary Registration District No. 5301 Registrar's No. 48

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0250

2 0250

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shoal. Twnsh.</u>		Length of stay in Tb <u>4 Yrs.</u>	c. CITY OR TOWN <u>CAMERON</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7 So. CAMERON</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>ELMER</u> Last <u>CEDAR</u>		4. DATE OF DEATH <u>May 3, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh.</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-5-1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MANUFACTURER</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo</u>
13a. FATHER'S NAME <u>ELMER CEDAR</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE MAHAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		17. INFORMATION <u>Mrs. Georgia Cedar, CAMERON, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Coronary Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>years</u>	
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 _____ 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 <u>1961</u> to <u>May 1963</u> and last saw her alive on _____ Death occurred at <u>May 3, 1963</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Oriniah Mullins M.D.</u>		22b. ADDRESS <u>1806 SWIFT ST. No KC 16 Mo</u>	
22c. DATE SIGNED <u>5-3-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>5-6-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Canby Cemetery</u>	
23d. LOCATION (City, town, or county) <u>PLATTSBURG, MO</u>		24. FUNERAL DIRECTOR ADDRESS <u>DeMoss CRUNK CAMERON, MO</u>	
25. DATE RECD. BY LOCAL REG. <u>May 4 1963</u>		26. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>	

USE BLACK INK OR TYPEWRITER RIBBON

MAY 14 1963

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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 *DeWitt*

Licensed Embalmer No. 2533

P. O. Address CAMERON, 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.