

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017005

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 267 Primary Registration District No. 5911 Registrar's No. 88

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 2 1963

VS 300 Rev. 4/59	DATE AMENDED	
1 0780	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
2 0780	INSTEAD OF	
3	DOCUMENT	
4 1	MEDICAL CERTIFICATION	
5 1	BY AFFIDAVIT OF	
6	SHOULD READ	
7 1	ITEM NO.	
8 0	SHOULD READ	
9 4201	SHOULD READ	
10	SHOULD READ	
11	SHOULD READ	
12 90-0	SHOULD READ	
13 1-0	SHOULD READ	

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) Bragg City		c. CITY OR TOWN Bragg City	
Length of stay in 1b 34 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) Residence		d. STREET ADDRESS (If outside, give location) No street numbers	
3. NAME OF DECEASED (Type or print) Mary Ellen Sales		4. DATE OF DEATH Month April Day 23 Year 1963	
5. SEX female	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 11/3/1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Debo, Kentucky
13a. FATHER'S NAME Sam Crawford		13b. MOTHER'S MAIDEN NAME Sadie Crawford	14. NAME OF HUSBAND OR WIFE Ruben R. Sales
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. <input type="text"/>	
17. INFORMANT Ruben R. Sales, Bragg City, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary infarct			INTERVAL BETWEEN ONSET AND DEATH 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis -			10 yrs.
DUE TO (c) Heccouleged -			
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 <input type="text"/> a.m. <input type="text"/> p.m. <input type="text"/> Month, Day, Year <input type="text"/>			
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 4-20-63 to 4-23-63 and last saw her ^{him} alive on 4-23-63 Death occurred at approximately 4:00p on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Billiney med.		22b. ADDRESS Hayti, Mo.	22c. DATE SIGNED 4-26-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/25/1963	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) (State) Hayti Missouri
24. FUNERAL DIRECTOR McDaniel Funeral Ser. Kennett, Mo.		25. DATE RECD. BY LOCAL REG. 4-29-63	26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

USE BLACK INK OR TYPEWRITER RIBBON

MAY 2 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 Tommy E. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennett, 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.**