

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018774

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 29

FILED APR 22 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DATE AMENDED
BY
REASON

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		c. CITY OR TOWN Kennett	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Green Meadows Nursing Home		d. STREET ADDRESS 1326 First Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Austin Last McCarson			4. DATE OF DEATH Month April Day 10 , Year 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Knoxville, Tenn.
13a. FATHER'S NAME James Norris		13b. MOTHER'S MAIDEN NAME Nancy Miller	14. NAME OF HUSBAND OR WIFE Mary Collins McCarson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mary C. McCarson, Kennett, Mo.
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia (bilateral)			INTERVAL BETWEEN ONSET AND DEATH unknown
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
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 type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kennett, Mo.	
20g. COUNTY		20h. STATE	
21: I attended the deceased from April 3, 1963 to April 10, 1963 and last saw him alive on April 10, 1963 Death occurred at 1:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Floyd C. Northington, D.O.		22b. ADDRESS 133 E. Stoddard St., Dexter, Mo.	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 12, 1963	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge	23d. LOCATION (City, town, or county) (State) Kennett, Mo.
24. FUNERAL DIRECTOR McDaniel Funeral Home, Kennett, Mo.		25. DATE RECD. BY LOCAL REG. 2-14-63	26. REGISTRAR'S SIGNATURE <i>Theresa J. Jenkins</i>

USE BLACK INK
OR
TYPEWRITER RIBBON



Removal Embalmed

mailed 4/21/10-63

reg

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 *James S. 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.

