

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018805

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 356 Primary Registration District No. 6211 Registrar's No. 48

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roubidoux		c. CITY OR TOWN Plato	
Length of stay in 1b 4 mos.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 4 mi. SW Plato	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LINDA Middle CASSIDY Last FRANKLIN			4. DATE OF DEATH Month Apr. Day 29, 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 8-13-1909
9. AGE (last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Tennessee
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Marshall Williams	
14. MOTHER'S MAIDEN NAME Ruth J. Russell		15. NAME OF HUSBAND OR WIFE not certain	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. SOCIAL SECURITY NO. <input type="checkbox"/>	
18. INFORMANT Glessie Williams, Plato, Missouri		19. ADDRESS Plato, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Infection of Myocardium DUE TO (b): Arteriosclerotic Hypertensive DUE TO (c): and rheumatic heart disease			INTERVAL BETWEEN ONSET AND DEATH Immediate
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 COUNTY STATE	
21. I attended the deceased from pronounced patient dead and last saw her alive on _____ Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joe A. Wall M.D.		22b. ADDRESS 107 East Pine Houston, Mo.	
22c. DATE SIGNED 5/2/63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/2/1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Pishah Cemetery	23d. LOCATION (City, town, or county) Plato, Texas Co., Mo.
24. FUNERAL DIRECTOR Elliott-Duff, Houston, Missouri		25. DATE RECD. BY LOCAL REG. 5/2/63	26. REGISTRAR'S SIGNATURE Myrtie Craig

JUN 21 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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Houston, 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.