

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019589
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 111

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 7 1963

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY Dunklin			a. STATE Mo.		b. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Length of stay in 1b DOA	c. CITY OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 809 Anthony	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED			4. DATE OF DEATH		
First Middle Last Jimmie Murrell Foster			Month Day Year May 27 1963		
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days 2 16
male	white		3/11/1917	16	IF UNDER 24 HR Hours Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Kennett, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Murrell Foster		13b. MOTHER'S MAIDEN NAME Marie Fleming		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Murrell Foster, Kennett, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line)					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:					15 min.
IMMEDIATE CAUSE (a) Broken Neck					
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 checked="" 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.) While taking muffler off old car, car fell off jack and fell on deceased's head.	
20c. TIME OF INJURY Hour Month, Day, Year 11:00 May 27 1963		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.) Auto salvage	
		20f. CITY, TOWN, OR LOCATION Kennett		COUNTY Dunklin	
				STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at approximately 11:15a on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Quinton Tarver, Coroner			22b. ADDRESS Kennett, Mo.		22c. DATE SIGNED 5-31-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 29, 63		23c. NAME OF CEMETERY OR CREMATORY Dunklin Memorial Gardens, Kennett, Dunklin, Mo.	
24. FUNERAL DIRECTOR McDaniel Funeral Ser. Kennett, Mo.		ADDRESS 6-3-1963		25. DATE RECD. BY LOCAL REG. 6-3-1963	
26. REGISTRAR'S SIGNATURE [Signature]					

VS 300 Rev. 4/59
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

