

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021001

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. _____ Registrar's No. 169

FILED MAY 22 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0800
2 0800
3
4 1
5 2
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7 0
8 2
9 4200
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12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>PETTIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PETTIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>300 N MAIN</u> | | Length of stay in lb <u>15 YRS.</u> | c. CITY OR TOWN <u>LA MONTE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LA MONTE MO</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>300 N MAIN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>FANNIE</u> Middle <u>ADAMS</u> Last <u>RICE</u> | | | 4. DATE OF DEATH Month <u>5-</u> Day <u>11-</u> Year <u>1963</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-25-1871</u> |
| 9. AGE (last birthday) <u>91</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM.</u> | 11. BIRTHPLACE (City and state or country) <u>LA MONTE MO</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | 13a. FATHER'S NAME <u>GEORGE ADAMS</u> | 13b. MOTHER'S MAIDEN NAME <u>JANE McDERMENT</u> | 14. NAME OF HUSBAND OR WIFE <u>MARION RICE</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>NO</u>) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT Address <u>Mrs HENRY COOK, SEDALIA MO.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arterio Sclerotic Heart Disease 60 min</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>L</u> DUE TO (c) <u>L</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>L</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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.) | | 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 | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>La Monte Pettis Mo</u> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>La Monte Pettis Mo</u> | |
| 21. I attended the deceased from <u>Jan 1 - 63</u> to <u>May 11 - 63</u> and last saw her alive on <u>May 11 - 63</u> Death occurred at <u>8:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>J. W. Brown</u> (Degree or title) | | 22b. ADDRESS <u>Knob Master, Mo</u> | 22c. DATE SIGNED <u>5-13-63</u> (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>5-13-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>RAYBURN CEMETERY</u> |
| 23d. LOCATION (City, town, or county) <u>LA MONTE MO</u> | | 24. FUNERAL DIRECTOR <u>MOORE FUNERAL HOME LA MONTE MO</u> ADDRESS <u>LA MONTE MO</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>May 13, 1963</u> | | 26. REGISTRAR'S SIGNATURE <u>Francis Shelby</u> <u>H. Anderson</u> | |

USE BLACK INK OR TYPEWRITER RIBBON

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.