

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022966

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 11

FILED JUN 5 1963

VS 300  
Rev. 4/59

1 1070

2 1070

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7 0

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9 170X

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12 90-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Licking</u>		Length of stay in 1b <u>42+</u>	c. CITY OR TOWN <u>Licking</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>N. Main</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Grace</u> Middle <u>-</u> Last <u>Crow</u>			4. DATE OF DEATH Month <u>May</u> Day <u>25</u> Year <u>1963</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-30-1897</u> 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>St James Mo</u>
13a. FATHER'S NAME <u>Jerry M. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Gene Marcelous Perry C. Crow</u>	14. NAME OF HUSBAND OR WIFE <u>Wilford Crow Licking</u>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Wilford Crow Licking</u> 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) <u>Cardiac + pulmonary arrest</u> DUE TO (b) <u>cachexia + debilitation</u> DUE TO (c) <u>Carcinomatous</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Not definite</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Adeno Carcinoma of the breasts with liver + bone metastases.</u>			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 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 <u>1962</u> to <u>1963</u> and last saw her alive on <u>May 24, 1963</u> Death occurred at <u>4:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. J. Myers DO</u> (Degree, or title)		22b. ADDRESS <u>Licking, Mo.</u>	22c. DATE SIGNED <u>5-29-63</u>
23a. BURIAL, CREMATION, REMOVAL (specify) <u>Buried</u>	23b. DATE <u>5-28-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Licking MO</u>
24. FUNERAL DIRECTOR <u>Smith - Ferguson Licking Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>May 29, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Elmora E. Hesse</u>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 24 1963

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

*Robert Ferguson*

Licensed Embalmer No.

*3945*

P. O. Address

*Locking Md*

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.