

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026011

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6444** STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY b. CITY (if outside corporate limits, give TOWNSHIP only) c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS	
a. COUNTY b. CITY (if outside corporate limits, give TOWNSHIP only) c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS	
a. COUNTY b. CITY (if outside corporate limits, give TOWNSHIP only) c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS	

<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b> Month Day Year			
(Type or print)			Month Day Year			
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b>	<b>9. AGE</b> (last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
(Type or print)	(Type or print)	(Type or print)	(Type or print)	(Type or print)	(Type or print)	(Type or print)
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country)		<b>12. CITIZEN OF WHAT COUNTRY</b>
(Type or print)		(Type or print)		(Type or print)		(Type or print)
<b>13a. FATHER'S NAME</b>			<b>13b. MOTHER'S MAIDEN NAME</b>		<b>14. NAME OF HUSBAND OR WIFE</b>	
(Type or print)			(Type or print)		(Type or print)	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)			<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> Address	
(Type or print)			(Type or print)		(Type or print)	

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH
(Type or print)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b)		
(Type or print)		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (c)		
(Type or print)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).		
(Type or print)		INTERVAL BETWEEN ONSET AND DEATH
(Type or print)		

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
(Type or print)	(Type or print)	(Type or print)	
<b>20c. TIME OF INJURY</b> Hour a.m.-p.m.	Month, Day, Year	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
(Type or print)	(Type or print)	(Type or print)	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
(Type or print)		(Type or print)	
<b>21. I attended the deceased from</b> _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

<b>22a. SIGNATURE</b> (Degree or title)		<b>22b. ADDRESS</b>		<b>22c. DATE SIGNED</b> (State)	
(Type or print)		(Type or print)		(Type or print)	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>23b. DATE</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b>	
(Type or print)		(Type or print)		(Type or print)	
<b>24. FUNERAL DIRECTOR</b> ADDRESS		<b>25. DATE RECD. BY LOCAL REG.</b>		<b>26. REGISTRAR'S SIGNATURE</b>	
(Type or print)		(Type or print)		(Type or print)	

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 Bucked up at Coroners USE BLACK INK OR TYPEWRITER RIBBON 1/18/63  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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 AMENDED  
 DATE AMENDED

**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 Arthur L. Heilbrad

Licensed Embalmer No. 4221

P. O. Address 3100 Castor

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.