

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027133

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 5062 Registrar's No. 86

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 29 1963

VS 300 Rev. 4/59	DATE AMENDED
1 <u>1050</u>	
2 <u>0050</u>	
3	
4 <u>0</u>	
5 <u>1</u>	
6	
7 <u>1</u>	
8 <u>2</u>	
<u>9976X</u>	
10	
11	
12 <u>10-3</u>	
13 <u>2-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) PURDY TWP.		c. CITY OR TOWN PURDY RFD	
Length of stay in 1b 18 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HIS HOME		d. STREET ADDRESS (If outside, give location) 1 1/2 M. W. 37 on HH	
Inside Limits 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) FRANK BROWN DIEM			4. DATE OF DEATH July 22 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/11/94
9. AGE (last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ben. F. Davis		13b. MOTHER'S MAIDEN NAME Angie B. Brown	
14. NAME OF HUSBAND OR WIFE Florence Diem		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW1	
16. SOCIAL SECURITY NO.		17. INFORMANT DIEM Address Florence Diem, Rt. #2 Purdy, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun Shot wound in head			INTERVAL BETWEEN ONSET AND DEATH Inst.
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 type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) placed 410 gun in mouth	
20c. TIME OF INJURY Hour 9:00 a.m. 7/22/63 Month, Day, Year		20f. CITY, TOWN, OR LOCATION 1 1/2 M. W of 37 on HH Barry Mo.	
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.) Home	
21. I attended the deceased from Corner's Case and last saw her him alive on about 8:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dwight E. Wilborn</i> (Degree or title) Coroner		22b. ADDRESS Cassville, Mo.	
22c. DATE SIGNED 7/22/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/26/63	23c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cemetery	23d. LOCATION (City, town, or county) (State) Rocky Comfort, Mo.
24. FUNERAL DIRECTOR McQueen Funeral Home, Wheaton, Mo.		25. DATE RECD. BY LOCAL REG. 7-26-63	26. REGISTRAR'S SIGNATURE <i>Mrs P.N. Cook</i>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 9 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 Margaret C. Herbest

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.