

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028048

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 199

FILED JUL 22 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED
10425	2
20430	2
3	2
4 0	2
5 0	2
6	2
7 0	2
8 2	2
9 540.0	2
10	2
11	2
12 2-2	2
13 1-0	2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in lb <u>30 min</u>	c. CITY OR TOWN <u>Wheatland</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>Wetzel Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Highway 83</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>William C.</u> Middle <u>Boots</u> Last <u>Boots</u>			4. DATE OF DEATH Month <u>July</u> Day <u>16</u> Year <u>63</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-18-1891</u>
9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>28</u>	IF UNDER 24 HR Hours <u>2</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Criming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Wheatland, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>U.S. Army Discharge Papers</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>Medullary Paralysis</u> DUE TO (b) <u>Acute Circulatory Failure</u> DUE TO (c) <u>Hemorrhage from From Peptic Ulcer</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Minute</u> <u>30 min</u> <u>2 hrs</u>
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 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>7-16-63</u> to <u>7-16-63</u> and last saw her/him alive on <u>7-16-63</u> Death occurred at <u>5:00</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <u>Clinton L. Glespy</u>		22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>7/16/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-16-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gardner Cemetery</u>	23d. LOCATION (City, town, or county) <u>Wheatland, Mo.</u>
24. GENERAL DIRECTOR ADDRESS <u>Wheatland, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-17-63</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Biggers</u>

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 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 Charles Gilbert Holt

Licensed Embalmer No. 4267

P. O. Address Tubalton, N.C.

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.

DEPARTMENT OF HEALTH
STATE OF NORTH CAROLINA
BUREAU OF HEALTH SERVICES
Raleigh, N.C.