

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029323

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 5834 Registrar's No. 5834 103 STATE FILE NUMBER

FILED AUG 5 1963

VS 300 Rev. 4/59
1 0730
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12 86-0
13 6-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt #1 Granby		Length of stay in 1b years	c. CITY OR TOWN Granby, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Union Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) West Union Rest Home Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Margaret Elizabeth Crocker			4. DATE OF DEATH Month Day Year July 28, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-3-1877
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Davis County Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME UNKNOWN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [Redacted]	
17. INFORMANT Mrs. Nellie Thurman Diamond, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per II) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH Several hours
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) Lymphadenitis Rt Submaxillary area			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 7-27-63 to 7-28-63 and last saw alive on 7-27-63 Death occurred at 8:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul B Anderson M.D.		22b. ADDRESS 113 West Hickory Neosho, Missouri	22c. DATE SIGNED 7-30-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-31-1963	23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery	23d. LOCATION (City, town, or county) (State) Diamond, Missouri
24. FUNERAL DIRECTOR Shewmake Funeral Home Diamond, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 7-30-63
		26. REGISTRAR'S SIGNATURE Naydena Zelka	

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 Lloyd E. Stewumbod.

Licensed Embalmer No. 4923

Box 218
P. O. Address Granby 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.