

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

D.R. Mid. **63-033193**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **278** Primary Registration District No. **3054** Registrar's No. **117** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
 1 **0822**
 2 **0822**
 3
 4 **1**
 5 **2**
 6
 7 **1**
 8 **2**
 9 **520X**
 10
 11
 12 **1-0**
 13 **2-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEPT 11 1963

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		c. CITY OR TOWN Louisiana	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital		d. STREET ADDRESS (If outside, give location) 41 1/2 Georgia	
3. NAME OF DECEASED (Type or print) First Viola Middle May Last Ralston		4. DATE OF DEATH Month Sept. Day 1 Year 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 1-14-1896
9. AGE (last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Marblehead, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Hampton		13b. MOTHER'S MAIDEN NAME Jennie Weeks	
14. NAME OF HUSBAND OR WIFE Mrs. Marion Buck, Bowling Green, MO		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Marion Buck, Bowling Green, MO	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Spontaneous Pneumothorax DUE TO (c) _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		INTERVAL BETWEEN ONSET AND DEATH 4 days 8 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 8/24/63 to 9/1/63 and last saw her alive on 9/1/63 Death occurred at 12:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. A. Middleton M.D.		22b. ADDRESS Louisiana, Mo.	
22c. DATE SIGNED 9/3/63		(State)	
23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial	23b. DATE 9-3-63	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
23d. LOCATION (City, town, or county) Louisiana, Missouri		24. FUNERAL DIRECTOR Geo. M. Collier, Louisiana, Mo.	
25. DATE RECD. BY LOCAL REG. 9-3-63		26. REGISTRAR'S SIGNATURE Bessie Collier	

EMBALMENT

2280
1282
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2
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2

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 Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.

Embalmer's License No. _____ Date _____
Funeral Home _____