

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035935

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 5549 Registrar's No. 99

STATE FILE NUMBER

FILED OCT 1 1963

VS 300
Rev. 4/59

10450
26450

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99121

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Twp.		Length of stay in 1b 5 hrs	c. CITY OR TOWN Fayette
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. #1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. #3
3. NAME OF DECEASED (Type or print) WILLARD		First Middle Last STOCKWELL	4. DATE OF DEATH Month September Day 23 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/8/09
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 54
13a. FATHER'S NAME James Stockwell		13b. MOTHER'S MAIDEN NAME Dora Bruce	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.2		17. INFORMANT Mrs Willard Stockwell Fayette, Mo	
11. BIRTHPLACE (City and state or country) Boone Co. Missouri		12. CITIZEN OF WHAT COUNTRY USA	
14. NAME OF HUSBAND OR WIFE Mary Lou Elder		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (1) Decapitation (2) Crushed Chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Tractor accident) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
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 checked="" 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.) Fell from Tractor into rotary Weed Cutter	
20c. TIME OF INJURY Hour 2 s.m. 9 p.m. -23-63	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Farm	20f. CITY, TOWN, OR LOCATION Fayette Howard Mo
21. I attended the deceased from 9-23-63 to 9-23-63 and last saw him alive on 9-23-63 . Death occurred at 2 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 9-25-63	
22a. SIGNATURE Wa Bloom (Degree or title) Coroner M.D.		22b. ADDRESS Fayette Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/25/63	23c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cemetery	
24. FUNERAL DIRECTOR Ralph G. Carr		23d. LOCATION (City, town, or county) (State) Howard Co. Missouri	
25. DATE RECD. BY LOCAL REG. 9-25-63		26. REGISTRAR'S SIGNATURE Katherine Welch	
25. ADDRESS Fayette, Mo		26. REGISTRAR'S SIGNATURE	

NOV 5 1963

OCT 3 1963

Permit issued 9-25-63

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

Ralph A. Carr

Licensed Embalmer No.

3340

P. O. Address

Jayette, 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.