

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038573

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 14 1963
 Primary Registration District No. 3274 Registrar's No. 242

VS 300 Rev. 4/59	DATE AMENDED
1 <u>1007</u>	
2 <u>0670</u>	
3	
4 <u>2</u>	
5 <u>0</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
9 <u>056.0</u>	
10	
11	
12 <u>1-0</u>	
13 <u>2-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI		
b. CITY (If outside corporate limits, give TOWNSHIP only) SIKESTON		Length of stay in 1b 20 hrs.	c. CITY OR TOWN EAST PRAIRIE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT. # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLEY Middle LINN Last DRIVER			4. DATE OF DEATH Month 10 Day 8 Year 63		
5. SEX MALE	6. COLOR OR RACE COLORED	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/5/63	9. AGE (last birthday) IF UNDER 1 YEAR Months 6 Days Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) East Praire Mo.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Charlie Jethore		13b. MOTHER'S MAIDEN NAME Betty Driver		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Betty Driver Rt. 1 East Praire Mo.		
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure					INTERVAL BETWEEN ONSET AND DEATH at least 24h.
DUE TO (b) Brain Damage - Hypoxic					?
DUE TO (c) Severe Acute Pertussis					?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sickle Cell Disease				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 10-7-63 to 10-8-63 and last saw her him alive on 10-8-63 Death occurred at 3:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph C. Benton M.D.			22b. ADDRESS 1012 W. Main Sikeston Mo		22c. DATE SIGNED 10-9-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/12/63	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.		23d. LOCATION (City, town, or county) Clinton Mo.
24. FUNERAL DIRECTOR DAVIS CHARLESTON MO.			25. DATE RECD. BY LOCAL REG. Oct 11, 1963		

USE BLACK INK OR TYPEWRITER RIBBON

Permit received 10-8-63

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 Willie R. Davis

Licensed Embalmer No. 5129

P. O. Address Charleston, Md.

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.