

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040370

STATE FILE NUMBER

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 212

PARENTS!

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 31 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
Rev. 4/59								
10499								
20490								
3								
4 0								
5 0								
6								
7 0								
8 2								
9776X								
10								
11								
12 2.0								
13 3.0								

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE <b>MISSOURI</b> c. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CARTHAGE</b>		Length of stay in 1b <b>3 HRS.</b>	c. CITY OR TOWN <b>CARTHAGE</b>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>MCCUNE BROOKS HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE 1</b>
3. NAME OF DECEASED (Type or print) First <b>Baby</b> Middle <b>LESLIE</b> Last <b>JAMES PHILLIPS</b>		4. DATE OF DEATH Month <b>OCT.</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/22/63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BABY</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BABY</b>	11. BIRTHPLACE (City and state or country) <b>CARTHAGE, Mo.</b>
13a. FATHER'S NAME <b>JAMES PHILLIPS</b>		13b. MOTHER'S MAIDEN NAME <b>RUTH MARILYN SPURGEON</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>MRS. JAMES PHILLIPS, RT. 1, CARTHAGE, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>
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)			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. _____	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 <b>10-22-63</b> to <b>10-22-63</b> and last saw him alive on <b>10/22/63</b> Death occurred at <b>9:24 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>M.D. 616 W. CENTENNIAL, CARTHAGE, Mo.</b>	22c. DATE SIGNED <b>10-24-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10/24/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL CEMETERY</b>	23d. LOCATION (City, town, or county) <b>CARTHAGE Mo.</b>
24. FUNERAL DIRECTOR <b>ULMER FUNERAL HOME, CARTHAGE, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-24-63</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK OR TYPEWRITER RIBBON

070010-1112

**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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.