

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-044796**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 1

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 2 1963**

VS 300 Rev. 4/59	DATE AMENDED	
1 0720	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
2 0730	INSTEAD OF	
3	DOCUMENT	
4 0	BY AFFIDAVIT OF	
5 2		
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7 1		
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9 9490X		
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12 70-2		
13 6-1		

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Morehouse</b>		c. CITY OR TOWN <b>Morehouse</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Andrew</b> Middle <b>James</b> Last <b>Wilson</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>21</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 type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 9, 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	9. AGE (last birthday) <b>80</b>
11. BIRTHPLACE (City and state or country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah ?</b>	14. NAME OF HUSBAND OR WIFE <b>Daisey Ozee</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. <b>no</b>	
17. INFORMANT <b>Helen Merrick, Morehouse, Mo.</b>		17. ADDRESS <b>Morehouse, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lobar Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
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) <b>Arteriosclerotic Heart Disease</b>			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 <b>10-26-63</b> to <b>11-20-63</b> and last saw him alive on <b>11-20-63</b> Death occurred at <b>3:20 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or title) <b>loyd C. Northington, D.O.</b>		22b. ADDRESS <b>133 E. Stoddard St., Dexter, Mo.</b>	22c. DATE SIGNED <b>11/23/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 22, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Garden of Memories</b>	23d. LOCATION (City, town, or county) (State) <b>Sikeston, Mo.</b>
24. FUNERAL DIRECTOR <b>Jackson Funeral Home, Sikeston, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>12/4/63</b>	26. REGISTRAR'S SIGNATURE <b>Harold W. M.</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berme, 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.

*Permit Obtained*