

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046812

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6215 Registrar's No. 2174

STATE FILE NUMBER

FILED NOV 19 1963

VS 300
Rev. 4/59

1 1080
2 1070
3
4 1
5 2
6
7 0
8 2
9 X
10
11 108
12 91-3
13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSAGE TWP.		c. CITY OR TOWN Cabool	
Length of stay in lb minutes		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3mi. So. Bates County line		d. STREET ADDRESS (If outside, give location) -----	
3. NAME OF DECEASED (Type or print) First Emma Middle Salee Last Musgrove		4. DATE OF DEATH Month 11 Day 11 Year 63	
5. SEX female	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/3/1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) 81
13a. FATHER'S NAME Hiram Stites		13b. MOTHER'S MAIDEN NAME Mary E. Butler	11. BIRTHPLACE (City and state or country) Crawford County, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no		16. SOCIAL SECURITY NO. -----	12. CITIZEN OF WHAT COUNTRY USA
17. INFORMANT Luvada Hawkins, Cabool, Missouri.		14. NAME OF HUSBAND OR WIFE Jerry (dec.)	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) skull fracture, broken left ankle, severe neck injury, broken nose			INTERVAL BETWEEN ONSET AND DEATH sudden
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 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.) two car collision on U. S. Highway 71, three miles south of bates county line.	
20c. TIME OF INJURY Hour 10:25 a.m. Month, Day, Year 11-11-1963	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.) U. S. Highway 71	20f. CITY, TOWN, OR LOCATION Arthur COUNTY Vernon STATE Missouri
21. Attended the deceased from never to never and last saw her alive on November 11, 1963 . Death occurred at 10:25 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. Angler Lory (Degree or title) Coroner		22b. ADDRESS Nevada, Missouri	22c. DATE SIGNED 11-15-1963
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-15-1963	23c. NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery	23d. LOCATION (City, town, or county) Howell County, Mo.
24. FUNERAL DIRECTOR Elliott-Gentry Funeral Home, Cabool, Missouri		25. DATE RECD. BY LOCAL REG. 11-15-1963	26. REGISTRAR'S SIGNATURE Anna E. Lory

NOV 26 1963

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 Ray E. Ireland

Licensed Embalmer No. 5052

P. O. Address Denver, Colo

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.