

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050520

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 6142 Registrar's No. 78

STATE FILE NUMBER

FILED JAN 9 1964

VS 300  
Rev. 4/59

1 1020  
2 1020  
3  
4 1  
5 1  
6  
7 0  
8 2  
9 442x  
10  
11  
12 9m-2  
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>JEFFERSON</u>		Length of stay in 1b <u>20 YEARS</u>	c. CITY OR TOWN <u>CHARENCE, Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>FAMILY HOME</u>		Institution Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>R.F.D.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>NEBBIE KATHRYN STAMP</u>			4. DATE OF DEATH Month Day Year <u>DEC 29 1963</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-17-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>75</u>
13a. FATHER'S NAME <u>JOE GROSS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT <u>GEORGE STAMP</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE STAMP</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>CHRONIC CARDIOVASCULAR RENAL HEART DISEASE</u> <u>5 YEARS</u>	
		DUE TO (c) <u>GENERAL ARTERIOSCLEROSIS</u> <u>2 YEARS</u>	
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. 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 <u>Feb. 6, 1955</u> to <u>DEC 29, 1963</u> and last saw her alive on <u>DEC 28, 1963</u> Death occurred at <u>8:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. B.L. Edrington D.O.</u>		22b. ADDRESS <u>Clarence, Mo</u>	22c. DATE SIGNED <u>1-1-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-1-1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETH SHEM CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>MACON COUNTY Mo.</u>
24. FUNERAL DIRECTOR <u>GREENING</u>	25. DATE RECD. BY LOCAL REG. <u>1-4-64</u>	26. REGISTRAR'S SIGNATURE <u>Marabell L. Rose</u>	

JAN 01 1964

**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 James Greening

Licensed Embalmer No. 5251

P. O. Address Shelbyville, 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.