

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026507

STATE FILE NUMBER

Registration District No. **82**

Primary Registration District No. **5317**

Registrar's No. **97**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6270

30270

3

4 **0**

5 **0**

6

7 **0**

8 **2**

99291

10 **3**

11 **627**

12 **91-3**

13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kelly Twp.		c. CITY OR TOWN Prairie Home	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Bunceton, Mo.		d. STREET ADDRESS RFD	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DAVID Middle ALLEN Last DICK		4. DATE OF DEATH Month August Day 9 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/19/52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY school	11. BIRTHPLACE (City and state or country) California, Mo.
13a. FATHER'S NAME Frank Dick Jr.		13b. MOTHER'S MAIDEN NAME Mary Nelson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Frank Dick Jr. RFD Prairie Home,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) drowning		INTERVAL BETWEEN ONSET AND DEATH ✓	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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.) Drowned in farm pond	
20c. TIME OF INJURY 5:30 PM 9/62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm pond	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Cooper	
21. I attended the deceased from Death occurred at 5:30 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Dr. Decker	
22b. ADDRESS Cooper		22c. DATE SIGNED 8/10/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Aug. 11/62	23c. NAME OF CEMETERY OR CREMATORY California City Cem.	23d. LOCATION (City, town, or county) California, Mo.
24. FUNERAL DIRECTOR Hornbeck-Thacher		25. DATE RECD. BY LOCAL REG. 8/10/62	26. REGISTRAR'S SIGNATURE Hooper

AUG 17 1962

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

Berry W. Thacher

Licensed Embalmer No.

3944

P. O. Address

Brownville, 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.