

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-049039

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 519

FILED DEC 29 1965

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Bonne Terre</u>  |   | Length of stay in 1b<br><u>Life</u>   | c. CITY OR TOWN <u>Bonne Terre</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Center Street</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>       |
| 3. NAME OF DECEASED (Type or print)<br>First <u>James</u> Middle <u>Thomas</u> Last <u>Fite</u>  |   |   | 4. DATE OF DEATH<br>Month <u>December</u> Day <u>17</u> Year <u>1965</u>   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10/26/1876</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer-Laborer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><u>89</u><br>IF UNDER 1 YEAR: Months <u>1</u> Days <u>21</u> Hours <u></u> Min. <u></u><br>IF UNDER 24 HR: Hours <u></u> Min. <u></u>      |
| 11. BIRTHPLACE (City and state or country)<br><u>Bonne Terre, Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>James Fite</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Nancy Jane Moore</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>Ida Mae Jones</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address<br><u>Pansy Asbridge, Ironton, Mo.</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease.</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Many 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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>12-16-65</u> to <u>12-17-65</u> and last saw <sup>her</sup> him alive on <u>12-17-65</u><br>Death occurred at <u>8:45</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.                                  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>[Signature]</u>   |   | 22b. ADDRESS<br><u>Bonne Terre, Missouri</u>  | 22c. DATE SIGNED<br><u>12-19-65</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>12/19/1965</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Francois Mem. Park</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Bonne Terre, St. 2, Mo.</u>  |
| 24. FUNERAL DIRECTOR<br><u>Dale Sparks Bonne Terre, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Dec. 19, 1965</u>  | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>  |

DEC 29 1965

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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 Murphy L Sparks  
Licensed Embalmer No. 1236

P. O. Address Flat River, 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.