

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0043951
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 36

VS 300
Rev. 4/59

1 0950

2 0950

3

4 0

5 1

6

7 0

8 2

9 912.1

10 3

11 095

12 90-3

13 1-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY FILED OCT 17 1966 Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Near Farmington Mo.		c. CITY OR TOWN Farmington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at Home		d. STREET ADDRESS (If outside, give location) Rural Rt.#3	
3. NAME OF DECEASED (Type or print) First Charles Middle Elmer Last Archambo		4. DATE OF DEATH Month Sept. Day 21 Year 1966	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/2/1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Ste. Genevieve Cty. USA	
13a. FATHER'S NAME William Archambo		14. NAME OF HUSBAND OR WIFE Gertrude Archambo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-03-9575	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TRACTOR OVERTURN DUE TO (b) (VERDICT OF JURY) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT Address Rt.#3 Gertrude Archambo Farmington Mo.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) TRACTOR OVERTURN	
20c. TIME OF INJURY Hour XXXX p.m. Month, Day, Year APPROX 3 9-21-66		20f. CITY, TOWN, OR LOCATION STE. GENEVIEVE COUNTY, MISSOURI	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) SALINE TOWNSHIP	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at APPROXIMATELY 3:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Anna Stanton</i>		22b. ADDRESS STE. GENEVIEVE, Mo.	
22c. DATE SIGNED 10-14-66		23c. NAME OF CEMETERY OR CREMATORY Chestnut Ridge	
23a. BURIAL, CREMATION, or other (Specify) BURIAL		23b. DATE 9/25/1966	
23d. LOCATION (City, town, or county) Near Farmington Mo.		23e. (State)	
24. FUNERAL DIRECTOR C.H. Cozean Farmington Mo.		25. DATE RECD. BY LOCAL REG. 14 October 1966	
26. REGISTRAR'S SIGNATURE <i>George F. Wood</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

No permit issued, funeral home notified there will not be another time, that it will be reported to the County prosecuting attorney the next time this occurs.

DCR 20 1966

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 *C. Morgan*

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.