To request a death certificate, print the following form, complete, and bring or mail to the Health Department along with the $10 per certificate fee. Certificates are available immediately if you present the form in person. Allow one to two weeks for certificates requested by mail.

Mississippi County Health Department

Application for Certified Copy of Death Certification

Instructions	Copies requested
The law requires a fee of $13.00 for each copy issued. Additional copies are $10.00 each. FEE MUST ACCOMPANY APPLICATION. No cash by mail please.	Death Certification (Certification of facts of death contained in original record) — How Many ( )
Make check or money order payable to Mississippi County Health Department	Amount of money enclosed $
Mail or bring this application to: Mississippi County Health Department 1200 E. Marshall St. Charleston, MO 63834	Records are filed by year of death and alphabetically by the name of the deceased at the time of death. Therefore, at least the approximate year of death or last year in which the deceased was known to be alive must be given.

Information about person whose death certificate is requested. (Type or print all items except signature)

1. Full name of deceased

First Name	Middle Name	Last Name (at time of death)

2. Date of death			3. Sex, Race, Age		
Month	Day	Year	Sex	Race	Age

4. Place of death

City or town	County	State

5. Full name of spouse

First Name	Middle Name	Last Name

6. Full name of father

First Name	Middle Name	Last Name

7. Full maiden name of mother

First Name	Middle Name	Last Name

Person requesting certified copy of death record

8. Purpose for which certified copy is to be used (please check)		9. Relationship to registrant or interest of person requesting certification
	Insurance claim on policy issued within 2 years of death (a certified copy of the original will be required)	
	Other insurance claims	
	Other (specify)	

10. Signature of applicant

	Date signed

11. Name and address of applicant

Name and address of funeral home or applicant

Name of individual to receive copies	Street address	
City or town	State	Zip Code

Please print or type the name and address of the person to whom the record is to be returned. Complete only if certifications are to be mailed.	Name
	Address (number and street)
	City, state, zip code
	Home Phone
	Work Phone