MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-013803

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 71

FILED APR 9 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston — Length of stay in 1b: 3 Hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN East Prairie — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 304 N. Martin — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Birdie Middle: Lest: Morehead
4. DATE OF DEATH Month: 3 Day: 25 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-11-1890
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months 1 Days 14 — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): McCracken County, Ky.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Eugene Ball
13b. MOTHER'S MAIDEN NAME: Maggie Yancy
14. NAME OF HUSBAND OR WIFE: J. W. Morehead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: J. W. Morehead, East Prairie, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage, Intracerebral, Massive — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3/25/62 to 3/25/62 and last saw her/him alive on 3/25/62
Death occurred at 3/25/62 10 15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) G. J. Martin MD
22b. ADDRESS Sikeston Mo
22c. DATE SIGNED 3-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-28-1962
23c. NAME OF CEMETERY OR CREMATORY: New Liberty Cemetery
23d. LOCATION (City, town, or county) (State): Kevil Kentucky

24. FUNERAL DIRECTOR: Travis Shelby, East Prairie, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-1-1962
26. REGISTRAR'S SIGNATURE: Jeanette Wallman

(Licensed Embalmer's Statement on Reverse Side)

APR 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 Travis Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address East Pleasant, Mass

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.