

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026187

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 926

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10129
20120

3
4 1
5 2
6
7 0
8 2

9571.1
10
11
1296-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

<p>FILED AUG 8 1962</p> <p>1. PLACE OF DEATH a. COUNTY Butler</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. Length of stay in 1b</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Assembly of God Rest Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Butler</p> <p>c. CITY OR TOWN Poplar Bluff, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Route 5 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First EMMA Middle Last EMERSON</p>		<p>4. DATE OF DEATH Month July Day 19 Year 1962</p>	
<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 7-18-1874</p>
<p>9. AGE (last birthday) 88</p>		<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	<p>11. BIRTHPLACE (City and state or country) Ripley County, Mo.</p>
<p>12. CITIZEN OF WHAT COUNTRY USA</p>		<p>13a. FATHER'S NAME Benjamin Purdon</p>	
<p>13b. MOTHER'S MAIDEN NAME Julia Foster</p>		<p>13c. NAME OF HUSBAND OR WIFE H. W. Emerson, Dec'd</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p>		<p>16. SOCIAL SECURITY NO.</p>	<p>17. INFORMANT Address Julia E. Doom, St. Louis, Mo.</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Dehydration and malnutrition</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p style="text-align: center;">DUE TO (b) <u>Vomiting, due to gastroenteritis.</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis.</p>			<p>INTERVAL BETWEEN ONSET AND DEATH 2 weeks.</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY STATE</p>
<p>21. I attended the deceased from <u>July 7, 1962</u> to <u>July 19, 1962</u> and last saw her/him alive on <u>July 18, 1962</u>. Death occurred at <u>6:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <i>John J. Wright, MD</i></p>		<p>22b. ADDRESS</p>	<p>22c. DATE SIGNED 7/30/62</p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE 7-22, 62</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Gum</p>	<p>23d. LOCATION (City, town, or county) (State) Near Fairdealng, Mo.</p>
<p>24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch, Poplar Bluff, Mo.</p>		<p>25. DATE RECD. BY LOCAL REG. 8-4-1962</p>	<p>26. REGISTRAR'S SIGNATURE <i>Shelma Graham</i></p>

AUG 14 1962
JUL 18 1963

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 Wallace N Fitch

Licensed Embalmer No. 3859
P. O. Address Poplar Bluff, 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.