

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026224

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 900

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0128  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Length of stay in 1b <u>5 days</u>	c. CITY OR TOWN <u>Fremont</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lucy Lee Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Fremont</u>
3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>Usery</u> Last <u>Usery</u>			4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-22-87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>74</u>
13a. FATHER'S NAME <u>Benton Driskill</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Laird</u>	11. BIRTHPLACE (City and state or country) <u>Carter County, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		14. NAME OF HUSBAND OR WIFE <u>I. P. Usery, Dec'd.</u>	
IMMEDIATE CAUSE (a) <u>Cardiovascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u>	
DUE TO (b) <u>Hypertensive Cardiovascular Disease.</u>			
DUE TO (c) <u>Diabetes Mellitus.</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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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 Hour <u>1:30 p</u> Month, Day, Year <u>July 9, 1962</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>July 9, 1962</u> to <u>July 15, 1962</u> and last saw her/him alive on <u>July 15, 1962</u>			
Death occurred at <u>1:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Poplar Bluff, Missouri</u>	22c. DATE SIGNED <u>7-17-62</u>
23a. BURIAL, CREMATION, or other final disposition (Specify) <u>Burial</u>	23b. DATE <u>7-18-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dry Valley Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carter County, Mo.</u>
24. FUNERAL DIRECTOR <u>McSpadden, Van Buren, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>7/21/1962</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

AUG 14 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 Allen C. McGowan

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.