MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037834
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1069

FILED OCT 29 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1) 3128

2) 3128

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Butler

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff
Length of stay in 1b: 40 Yrs.

c. CITY OR TOWN: Poplar Bluff
Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lucy Lee Hospital
Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 941 Henderson
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First PEARL Middle Last SIBERT

4. DATE OF DEATH: Month October Day 13, Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 4/14/1883

9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months 5 Days 29
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: Home

11. BIRTHPLACE (City and state or country): Unknown

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Albert Smithson

13b. MOTHER'S MAIDEN NAME: Annie Fancher

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Address: Mrs. Geanette Boxx. Poplar Bluff, Mo

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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arteriosclerotic Heart Disease — years

DUE TO (c): Generalized Arteriosclerosis — years

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 1957, to present and last saw her/him alive on Oct 13 1962
Death occurred at 6:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Norman E. Hawkins MD

22b. ADDRESS: Poplar Bluff, Mo.

22c. DATE SIGNED: 10/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/17/1962

23c. NAME OF CEMETERY OR CREMATORY: Woodlawn

23d. LOCATION (City, town, or county) (State): Poplar Bluff, Missouri

24. FUNERAL DIRECTOR ADDRESS: FRANK-COTRELL CHAPEL, POPLAR BLUFF, MO.

25. DATE RECD. BY LOCAL REG.: 10/24/1962

26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 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 Edgar W. Lafferson

Licensed Embalmer No. 3394

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.