

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 188 62-029648

DO NOT WRITE ON THIS STUB  
 AMENDED

VS 300 Rev. 4/59	DATE AMENDED	10781
2785		
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Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 188

FILED NOV 1 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Pemiscot</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Pemiscot</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Caruthersville</u>	
Length of stay in lb <u>10 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>901 Carleton Avenue</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED		4. DATE OF DEATH	
First Middle Last <u>Harold Reed Popham</u>		Month Day Year <u>October 22, 1962</u>	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
<u>male</u>	<u>cau</u>		<u>2/16/06</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Automobile Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Dealership</u>	11. BIRTHPLACE (City and state or country) <u>Hayti, Missouri</u>
13a. FATHER'S NAME <u>Robert L. Popham</u>		13b. MOTHER'S MAIDEN NAME <u>Clara N. Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel N. Popham</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. INFORMANT Address <u>Pemiscot Memorial Hospital</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>coronary thrombosis with infarction;</u>			
DUE TO (b) <u>acute dililation of heart with failure</u>			<u>12 days</u>
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. <input type="checkbox"/> Yes <input 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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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>10-11-62</u> to <u>10-22-62</u> and last saw her/him alive on <u>10-22-62</u>		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree & title) <u>Walter W. Coy M.D.</u> MD		22b. ADDRESS <u>Caruthersville, Mo.</u>	22c. DATE SIGNED <u>10-23-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 24, 62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie Cem.</u>	23d. LOCATION (City, town, or county) <u>Caruthersville, Mo.</u>
24. FUNERAL DIRECTOR <u>La Forge Utkg. Co. Caruthersville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10/24/62</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 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 Noel C. Seave

Licensed Embalmer No. 3941

P. O. Address Canthursville  
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.