

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-000007

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 26

FILED JAN 28 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 5 days	c. CITY OR TOWN Memphis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Memphis
3. NAME OF DECEASED (Type or print) First Ora Middle Elizabeth Last Chappell		4. DATE OF DEATH Month Jan. Day 18 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-11-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 84
13a. FATHER'S NAME Robert D. Burriss		13b. MOTHER'S MAIDEN NAME Rachel Blodgett	12. CITIZEN OF WHAT COUNTRY U.S.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	11. BIRTHPLACE (City and state or country) Scotland County
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE CIRCULATORY FAILURE		17. INFORMANT Faye Black Address Memphis Mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RT. CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH Prior 1-13-63	
DUE TO (c) EXTENSIVE ARTERIO SCLEROSIS		2 Days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OLD Pulmonary Tuberculosis		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 JAN 13-1963 to JAN 18-63 and last saw her alive on JAN 17-1963 Death occurred at 4:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) Paul Laughlin Jr MD		22b. ADDRESS KIRKSVILLE, Mo	22c. DATE SIGNED 1-21-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 20	23c. NAME OF CEMETERY OR CREMATORY Memphis Cemetery	23d. LOCATION (City, town, or county) (State) Memphis Mo.
24. FUNERAL DIRECTOR D.W. Payne & Sons Memphis Mo.		25. DATE RECD. BY LOCAL REG. 1-22-63	26. REGISTRAR'S SIGNATURE Dora W. Ratliff

USE BLACK INK OR TYPEWRITER RIBBON

Permit signed Jan 18, 1963

EARL LAWRENCE, JR. D.O.

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Manassas Va

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.