

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000504

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1264 STATE FILE NUMBER

FILED JAN 21 1963			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Butler</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u> Length of stay in 1b <u>25 yrs.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2406 Fair Street</u> 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 <u>Missouri</u> b. COUNTY <u>Butler</u></p> <p>c. CITY OR TOWN <u>Poplar Bluff</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>24 06 Fair Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED First Middle Last <u>Bertha Prince</u></p>			
<p>4. DATE OF DEATH Month Day Year <u>January 12, 1963</u></p>			
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>white</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>12/25/90</u></p>
<p>9. AGE (last birthday) <u>72</u></p>		<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u></p>	
<p>10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Pocahontas, Ark.</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>		<p>13a. FATHER'S NAME <u>General Wilson</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>Julia Tyler</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>William Prince</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u></p>		<p>16. SOCIAL SECURITY NO.</p>	
<p>17. INFORMANT <u>Willie Prince, Poplar Bluff, Mo.</u></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>Chronic Heart Failure</u></p> <p style="text-align: center;">DUE TO (b) <u>Cerebral Arteriosclerosis</u></p> <p style="text-align: center;">DUE TO (c) <u>cerebral hemorrhage 79 years of age</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>		<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 COUNTY STATE</p>		<p>21. I attended the deceased from <u>Oct 16 62</u> to <u>Jan 10 1963</u> and last saw her alive on <u>Jan 10 1963</u></p> <p>Death occurred at <u>12:50</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>S. S. Moore M.D.</u></p>		<p>22b. ADDRESS <u>321 Oak St Poplar Bluff Mo</u></p>	
<p>22c. DATE SIGNED</p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u></p>	
<p>23b. DATE <u>1/13/63</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>City Cem.</u></p>	
<p>23d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u></p>		<p>24. FUNERAL DIRECTOR ADDRESS <u>Frank-Cotrell, Poplar Bluff, Mo.</u></p>	
<p>25. DATE RECD. BY LOCAL REG. <u>1-18-1963</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Thelma Graham</u></p>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6129

8128

3

4 1

5 1

6

7 1

8 2

9331X

10

11

12 70-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JAN 22 1963

FEB 1 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 Charles E. Mingle

Licensed Embalmer No. 4877

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.