

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010642
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1438

FILED MAR 25 1963

VS 300
Rev. 4/59

1 0128
2 0128-

3
4 1
5 2
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7 0
8 0
9 4331
10
11
12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

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 Years		c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1028 Ash Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1028 Ash Street Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CORA SHASTEEN OWENS			4. DATE OF DEATH March 10, 1963		
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 7-9-1877		9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and state or country) Puxico, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Frederick Luckman		13b. MOTHER'S MAIDEN NAME Carolyn Bohnaack	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			
16. SOCIAL SECURITY NO. [Redacted]		17. INFORMANT Gilbert Shasteen Poplar Bluff Address			
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation Coronary Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Decompensation DUE TO (c) Coronary Atherosclerosis		Mo. 2		INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
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 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 9:20 AM 4/2 to 10 AM 6/3 and last saw her alive on 9 Mar 63 . Death occurred at 11:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS M. D. Poplar Bluff, Missouri		22c. DATE SIGNED 18 Mar 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-12-1963		23c. NAME OF CEMETERY OR CREMATORY Puxico Cemetery	
23d. LOCATION (City, town, or county) Puxico, Missouri		23e. DATE RECD. BY LOCAL REG. 3/22/1963		23f. REGISTRAR'S SIGNATURE [Signature]	
24. FUNERAL DIRECTOR Greer Croy & Fitch Poplar Bluff, Mo. ADDRESS					

USE BLACK INK OR TYPEWRITER RIBBON

MAR 26 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

James Gray Soapes

Student Embalmer No. 687

working under my personal supervision.

Student

James Gray Soapes
Signature of Student Embalmer

Signed

Wallace N. Fitch

Licensed Embalmer No.

3859

P. O. Address

Bozler 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.