

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010709  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 4067 Registrar's No. 107

FILED APR 2 1963

VS 300  
Rev. 4/59

10140  
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Auxvasse</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Lawrenceville</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Blue Star Motel</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1012 Austin St.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Peter Plough</b>			4. DATE OF DEATH <b>March 24 1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/15/1921</b>
9. AGE (last birthday) <b>42</b>		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) <b>Brick layer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and state or country) <b>Lawrenceville, Ill</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Wesley Plough</b>	
13b. MOTHER'S MAIDEN NAME <b>Myrtle Nead</b>		14. NAME OF HUSBAND OR WIFE <b>Juanita Sarah</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unk</b>		16. SOCIAL SECURITY NO. <b>34</b>	17. INFORMANT Address <b>Mrs. Peter Plough, Lawrenceville, Ill.</b>
18. CAUSE OF DEATH (Enter only one cause plus conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Combination of Myocardial Insufficiency and Liver Insufficiency</b> DUE TO (b) <b>and Liver Insufficiency</b> DUE TO (c) <b>Marked Fatty Infiltration</b>			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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 . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>approx 3:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Denzil C. Browning, coroner</b>		22b. ADDRESS <b>Fulton, Mo</b>	22c. DATE SIGNED <b>3/25/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 27, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lawrenceville Cemetery</b>	23d. LOCATION (City, town, or county) <b>Lawrenceville, Ill</b>
24. FUNERAL DIRECTOR ADDRESS <b>Browning Funeral Home, Fulton Mo</b>		25. DATE RECD. BY LOCAL REG. <b>March 27, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>

USE BLACK INK OR TYPEWRITER RIBBON

APR 3 1963

APR 8 1963

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6140

**STATEMENT BY LICENSED EMBALMER**

5-10

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fullon, 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.