

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015808

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 135

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED MAY 6 1963</p>			
<p>1. PLACE OF DEATH a. COUNTY Henry</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor</p>		<p>Length of stay in 1b 18 years</p>	<p>c. CITY OR TOWN Windsor, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital</p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>d. STREET ADDRESS (If outside, give location) 702 S. Main St., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last MARY ALICE POULTER</p>			<p>4. DATE OF DEATH Month Day Year April 21, 1963</p>
<p>5. SEX F</p>	<p>6. COLOR OR RACE W</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 2-9-190</p>
		<p>9. AGE (last birthday) 73</p>	<p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	<p>11. BIRTHPLACE (City and state or country) Pettis County, Mo.</p>
		<p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>	
<p>13a. FATHER'S NAME John H. Ruffin</p>		<p>13b. MOTHER'S MAIDEN NAME Rosie Belle Calvert</p>	<p>14. NAME OF HUSBAND OR WIFE Pelham Poulter</p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi) no</p>		<p>17. INFORMANT Address Rosetta Poulter, Windsor, Mo.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Staphylococcal Pneumonia Acute Cerebral Vascular Accident Brain Metastasis from Carcinoma of Breast</p>			
<p>CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b), STATING THE UNDERLYING CAUSE LAST. Hypertensive Heart Disease</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. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m.</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 2-28-56 to 4-21-63 and last saw her/him alive on 4-21-63 Death occurred at 8:25 p. on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) Claude M. Shurber MD.</p>		<p>22b. ADDRESS Windsor, Mo.</p>	
<p>22c. DATE SIGNED 4/26/63</p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) burial</p>		<p>23b. DATE April 23, '63</p>	
<p>23c. NAME OF CEMETERY OR CREMATORY Hickory Point</p>		<p>23d. LOCATION (City, town, or county) Greenridge, Missouri</p>	
<p>24. FUNERAL DIRECTOR ADDRESS Ellis M. Huston, Windsor, Mo.</p>		<p>25. DATE RECD. BY LOCAL REG. 4-29-1963</p>	
<p>26. REGISTRAR'S SIGNATURE Mildred Bigum</p>			

MAY 7 1963

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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 *Ellen M. Hinton*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.