

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018734

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 328 Primary Registration District No. 6118 Registrar's No. 12
FILED MAY 2 1963

VS 300
Rev. 4/59

1 1000
2 1000
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4 1
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7 0
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9 201
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12 90-5
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY Scott	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sylvania Twnshp		Length of stay in 1b 55yrs	c. CITY OR TOWN Perkins, Mo
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Perkins, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Perkins, Mo
3. NAME OF DECEASED (Type or print) First Anna Middle Brucker Last		4. DATE OF DEATH Month April Day 22 Year 1963	
5. SEX Female	6. COLOR OR RACE Cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 9, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 78
11a. FATHER'S NAME Andrew Vetter		11b. MOTHER'S MAIDEN NAME Anna Schlitt	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Martin Brucker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) No		17. INFORMANT Albert Brucker Address Perkins, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" 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 First call after death and last saw her alive on _____ Death occurred at about 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thelma C. Beabthorpe, M.D. Health Officer		22b. ADDRESS 612 Taylor Ave. Sikeston Mo	
22c. DATE SIGNED 4-26-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 26 Apr 63	23c. NAME OF CEMETERY (OR CREMATORY) Old Guardian Angel	23d. LOCATION (City, town, or county) Oran, Missouri
24. FUNERAL DIRECTOR Earl J. Smith ADDRESS Oran, Missouri		25. DATE RECD. BY LOCAL REG. April 29-1963	26. REGISTRAR'S SIGNATURE Mrs Inel Bigling

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

Paul J. Smith

Licensed Embalmer No. 5015

P. O. Address Oxon, Md.

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.