

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019261
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1581

FILED JUN 3 1963

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

1 0128
2 0128
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12 90-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in lb 16 yrs	c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1106 Fairmount St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1106 Fairmount St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle PECK Last TIDD		4. DATE OF DEATH Month May Day 20 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/26/1905
9. AGE (last birthday) 57		IF UNDER 1 YEAR Months 6 Days 24	IF UNDER 24 HR Hours 24 Min.
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) Telephone tester.		10b. KIND OF BUSINESS OR INDUSTRY Telephone	11. BIRTHPLACE (City and state or country) Webster Groves, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Robert M. B. Tidd	
13b. MOTHER'S MAIDEN NAME Ella Peck		14. NAME OF HUSBAND OR WIFE Bess Tidd.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or on active duty) (If yes, give war or dates of service) WW#2		17. INFORMANT Address Mrs. Bess Tidd, Poplar Bluff, 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) Massive Coronary Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			INTERVAL BETWEEN ONSET AND DEATH 15 Min.
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 5/20/63 to 5/20/63 and last saw ^{her} him alive on 5/20/63 Death occurred at 9:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Cyril A. Post M.D.		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 5/27/63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1963 5/23/1963	
23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) Poplar Bluff, Missouri.	
24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 5-28-1963	
26. REGISTRAR'S SIGNATURE Delma Beaman			

USE BLACK INK OR TYPEWRITER RIBBON

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.

JUN 24 1963

AUG 2 8 1963

JUN 20 1963

0.00