

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023808

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 136 STATE FILE NUMBER

FILED JUL 12 1963

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Kennett		c. CITY OR TOWN Kennett	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial		d. STREET ADDRESS Rt. #3 (If outside, give location)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Minnie Middle Mae Last Sitze			4. DATE OF DEATH Month July Day 5 Year 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 6-17-88	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 18 Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) U.S.A.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Jacob Lincoln		13b. MOTHER'S MAIDEN NAME Sarah	
14. NAME OF HUSBAND OR WIFE John Frank Sitze		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Daisy Williams, Kennett, Mo.		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Surgical Shock		INTERVAL BETWEEN ONSET AND DEATH 3 months
DUE TO (b) Fracture, Right Femur		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a) Hypertensive drugs (Hydro-press)		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 checked="" 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 41 of item 18.)	
20c. TIME OF INJURY Hour 12:40 a.m. Month, Day, Year 7-5-63	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.) 4-6-63		20f. CITY, TOWN, OR LOCATION 7-5-63	
21. I attended the deceased from 12:40 a.m. to 7-5-63 and last saw her/him alive on 7-4-63 . Death occurred at _____ in _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 7-5-63	
22a. SIGNATURE (Name or title) Quinton Tarver, M.D.		22b. ADDRESS Kennett, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-6-63	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge	
24. FUNERAL DIRECTOR Irby Funeral Home, Rector, Ark.		25. DATE RECD. BY LOCAL REG. 7-9-1963	
ADDRESS		26. REGISTRAR'S SIGNATURE Earl Gusbar	

DO NOT WRITE ON THIS STUB
 AMENDED
 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

8-10-1972

STATE OF ALABAMA

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 M. Bunch*

Licensed Embalmer No. 334

P. O. Address *Prattville, Ala*

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.