

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031003

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 347 Primary Registration District No. 6162 Registrar's No. 77

FILED JUL 31 1963

VS 300
Rev. 4/59

1/640

2/1040

3

4/0

5/2

6

7/1

8/2

9332X

10

11

12/90-2

13/1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Reeds Spring</u>		c. CITY OR TOWN <u>Reeds Spring</u>	
Length of stay in lb <u>15 years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Reeds Spring Junction</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Mettlus</u> Middle <u>Thomson</u> Last <u>Fuls</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>7</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-19-1874</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>State of Ohio</u>	
12. CITIZEN OF WHAT COUNTRY <u>United States</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT Name <u>Paul Pinkley</u> Address <u>Reeds Spring, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <u>RESPIRATORY FAILURE</u>	INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>
DUE TO (b) <u>MEDULLARY PARALYSIS</u>	<u>IMMEDIATE</u>
DUE TO (c) <u>CEREBRAL ENCEPHALOMALACIA.</u>	<u>UNKNOWN</u>

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No 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 II of item 18.)
20c. TIME OF INJURY Hour 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 7-17-63 to 7-18-63 and last saw him ^{alive} on 7-18-63
Death occurred at 4:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Thos. P. Barkeese M.D.</u> (Degree or title)		22b. ADDRESS <u>Reeds Springs, Mo.</u>		22c. DATE SIGNED <u>7-22-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-19-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Yocum Pond Cemetery</u>	23d. LOCATION (City, town, or county) <u>Reeds Spring, Missouri</u>	
24. FUNERAL DIRECTOR <u>Cheatham-stumpff Funeral Home</u> ADDRESS <u>Galena, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>July 25, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mary F. Stewart</u>	

Cheatham-stumpff Funeral Home
Galena, Missouri

(Licensed Embalmer Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AUG 8 1963

Permit Renewed
July 20, 1963

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 Gary M. Stumpff, Student Embalmer No. 7040

working under my personal supervision.

Student Gary M. Stumpff
Signature of Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Box 115

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.