

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031871

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 72

STATE FILE NUMBER

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION
1 12363	2	3	4	5	6
2 0363	7	8	9	10	11
3	12	13	14	15	16
4 1	17	18	19	20	21
5 1	22	23	24	25	26
6	27	28	29	30	31
7 1	32	33	34	35	36
8 0	37	38	39	40	41
9 002.1	42	43	44	45	46
10	47	48	49	50	51
11	52	53	54	55	56
12 90-2	57	58	59	60	61
13 60	62	63	64	65	66
14	67	68	69	70	71
15	72	73	74	75	76
16	77	78	79	80	81
17	82	83	84	85	86
18	87	88	89	90	91
19	92	93	94	95	96
20	97	98	99	100	101
21	102	103	104	105	106
22	107	108	109	110	111
23	112	113	114	115	116
24	117	118	119	120	121
25	122	123	124	125	126
26	127	128	129	130	131
27	132	133	134	135	136
28	137	138	139	140	141
29	142	143	144	145	146
30	147	148	149	150	151
31	152	153	154	155	156
32	157	158	159	160	161
33	162	163	164	165	166
34	167	168	169	170	171
35	172	173	174	175	176
36	177	178	179	180	181
37	182	183	184	185	186
38	187	188	189	190	191
39	192	193	194	195	196
40	197	198	199	200	201
41	202	203	204	205	206
42	207	208	209	210	211
43	212	213	214	215	216
44	217	218	219	220	221
45	222	223	224	225	226
46	227	228	229	230	231
47	232	233	234	235	236
48	237	238	239	240	241
49	242	243	244	245	246
50	247	248	249	250	251
51	252	253	254	255	256
52	257	258	259	260	261
53	262	263	264	265	266
54	267	268	269	270	271
55	272	273	274	275	276
56	277	278	279	280	281
57	282	283	284	285	286
58	287	288	289	290	291
59	292	293	294	295	296
60	297	298	299	300	301
61	302	303	304	305	306
62	307	308	309	310	311
63	312	313	314	315	316
64	317	318	319	320	321
65	322	323	324	325	326
66	327	328	329	330	331
67	332	333	334	335	336
68	337	338	339	340	341
69	342	343	344	345	346
70	347	348	349	350	351
71	352	353	354	355	356
72	357	358	359	360	361
73	362	363	364	365	366
74	367	368	369	370	371
75	372	373	374	375	376
76	377	378	379	380	381
77	382	383	384	385	386
78	387	388	389	390	391
79	392	393	394	395	396
80	397	398	399	400	401
81	402	403	404	405	406
82	407	408	409	410	411
83	412	413	414	415	416
84	417	418	419	420	421
85	422	423	424	425	426
86	427	428	429	430	431
87	432	433	434	435	436
88	437	438	439	440	441
89	442	443	444	445	446
90	447	448	449	450	451
91	452	453	454	455	456
92	457	458	459	460	461
93	462	463	464	465	466
94	467	468	469	470	471
95	472	473	474	475	476
96	477	478	479	480	481
97	482	483	484	485	486
98	487	488	489	490	491
99	492	493	494	495	496
100	497	498	499	500	501

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sullivan		c. CITY OR TOWN Sullivan	
Length of stay in 1b 7 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 203 Jones St.		d. STREET ADDRESS (if outside, give location) 203 Jones St.	
3. NAME OF DECEASED (Type or print) First HAZEL Middle ELIZABETH Last SOETEBIER		4. DATE OF DEATH Month August Day 14 Year 1963	
5. SEX Female	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 10/8/1915
9. AGE (last birthday) 47		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) New Haven, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Trafford		13b. MOTHER'S MAIDEN NAME Vada Stines	
14. NAME OF HUSBAND OR WIFE Frank Soetebier		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. [REDACTED]		17. INFORMANT Address Frank Soetebier, Sullivan, 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) Pulmonary Tuberculosis			INTERVAL BETWEEN ONSET AND DEATH 20 yrs
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 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 June 1950 to Aug 14, 1963 and last saw her alive on Aug 13, 1963 Death occurred at 10/30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ronald N Scott, Sr (Degree or title)		22b. ADDRESS Sullivan Mo	
22c. DATE SIGNED 8/4/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/16/1963	23c. NAME OF CEMETERY OR PLAC Cave Spring Bp. Ch.	23d. LOCATION (City, town, or county) Sullivan, Mo.
24. FUNERAL DIRECTOR H.M. Eaton, Sullivan, Mo.		25. DATE RECD. BY LOCAL REG. August 15, 1963	26. REGISTRAR'S SIGNATURE William Cowin

AUG 29 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harrison W. Eaton

Licensed Embalmer No. 5066

P. O. Address William, Miss

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.