

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039078

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1853 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 4 1963

1. PLACE OF DEATH
a. COUNTY **BUTLER**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **POPLAR BLUFF** Length of stay in 1b **30 DAYS**
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **VA HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **BUTLER**
c. CITY OR TOWN **POPLAR BLUFF** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **ROUTE #3** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **FRANK** Middle **ELIJAH** Last **ENGLISH** 4. DATE OF DEATH Month **OCTOBER** Day **27** Year **1963**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11-28-91** 9. AGE (last birthday) **71** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER** 10b. KIND OF BUSINESS OR INDUSTRY **FARMING** 11. BIRTHPLACE (City and state or country) **BUTLER COUNTY, MO.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **ELIJAH ENGLISH** 13b. MOTHER'S MAIDEN NAME **MOLLIE GEORGE** 14. NAME OF HUSBAND OR WIFE **LILLIE ENGLISH**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WWI** 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address **VA HOSPITAL RECORDS, POPLAR BLUFF, MO.**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **BRONCHOGENIC CARCINOMA, LEFT LUNG** INTERVAL BETWEEN ONSET AND DEATH -----
DUE TO (b) _____
DUE TO (c) _____
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) **PULMONARY EMPHYSEMA**
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **VA** 20f. CITY, TOWN, OR LOCATION **POPLAR BLUFF** COUNTY **BUTLER** STATE **MO.**

21. I attended the deceased from **9-27-63** to **10-27-63** and last saw him/her alive on _____
Death occurred at **8:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **FRED CALDWELL, M.D., Pathologist** 22b. ADDRESS **VA Hospital, Poplar Bluff, Mo.** 22c. DATE SIGNED **10-28-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **10-30-63** 23c. NAME OF CEMETERY OR CREMATORY **Duley Cem.** 23d. LOCATION (City, town, or county) (State) **Butler County, Mo.**

24. FUNERAL DIRECTOR **Frank-Cotrell Poplar Bluff, Mo.** ADDRESS **POPLAR BLUFF, MO.** 25. DATE RECD. BY LOCAL REG. **11-1-1963** 26. REGISTRAR'S SIGNATURE **Shelma Seaman**

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 Edgar W. Tappan
Licensed Embalmer No. 3394
P. O. Address Edgar Bluff, Mo

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.