

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043039

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1883 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

W. G. G. H. 20128

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DATE AMENDED
INSTEAD OF
SHOULD READ

DOCUMENT
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 22 1963	
1. PLACE OF DEATH	
a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff	a. STATE Missouri b. COUNTY Butler
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1119 Pershing St.	d. STREET ADDRESS (If outside, give location) 1119 Pershing St.
3. NAME OF DECEASED (Type or print)	
First DILLIA	Last O'CONNOR
4. DATE OF DEATH	
Month Nov.	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 3/21/1880
9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 7 Days 14
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) Columbus City, Ohio	12. CITIZEN OF WHAT COUNTRY U. S . A.
13a. FATHER'S NAME PETER BISHOFF	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Deceased.	
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 Pat O'conner, Poplar Bluff, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Acute pulmonary hemorrhage
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	Arteriosclerotic cardiovascular Disease presumably with ruptured approx aneurysm
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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 April 1957 to Nov 5, 1963 and last saw her alive on Nov 4, 1963 Death occurred at 6:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or title) Robert Engelhardt MD	22b. ADDRESS Poplar bluff, Mo.
22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/8/1963
23c. NAME OF CEMETERY OR CREMATORY Catholic	
23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
24. FUNERAL DIRECTOR FRANK-COTRELL CHAPEL, Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 11/20/1963
26. REGISTRAR'S SIGNATURE Thelma Graham	

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. Laffoon

Licensed Embalmer No. 3394

P. O. Address Paplar 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.