

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000417

STATE FILE NUMBER

FILED JAN 23 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Poplar Bluff Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff <u>11240</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr. Hospital. Length of stay in lb 5 yrs.		d. STREET ADDRESS (If outside, give location) 1218 N. Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Iva. Middle Mae Last Scott			4. DATE OF DEATH Month 1 Day 12 Year 1959
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 1-14-1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY own home	9c. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	10c. BIRTHPLACE (City and state or country) Flint, Mich.
11. BIRTHPLACE (City and state or country) Flint, Mich.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Petrie		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO.	
17. INFORMANT Claude Scott, Poplar Bluff, 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) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 4 hours 10 years
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.) 4200	
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 Nov, 1958 to Jan 12, 1959 and last saw her alive on Jan 12, 1959 Death occurred at 5:30 am m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert Chyzkowski MD (Name or title)		22b. ADDRESS Poplar Bluff, Missouri	
22c. DATE SIGNED Jan 12, 1959		22d. DATE SIGNED _____	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1-13-1959	23c. NAME OF CEMETERY OR CREMATORY Rose Lawn Mem. Park	23d. LOCATION (City, town, or county) (State) Terre Haute, Ind.
24. FUNERAL DIRECTOR Greer Croy & Fitch, Poplar Bluff, Mo. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 1/17/59	26. REGISTRAR'S SIGNATURE R. M. Muehle

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ray P. Adams*.....

Licensed Embalmer No...*7*.....

P. O. Address *Spokane, Wash*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.