

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024323

FILED VS AUG 13 1959 *43*

3007

365

STATE FILE NUMBER

Registration District No. *43* Primary Registration District No. *3007* Registrar's No. *365*

DED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Butler.</i>	a. STATE <i>Missouri.</i>		b. COUNTY <i>Butler.</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Poplar Bluff.</i>	Length of stay in 1b <i>22 HRS. 36 MIN.</i>	c. CITY OR TOWN <i>Poplar Bluff.</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Doctors Hospital.</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>621 PINE BLVD.</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <i>JANICE</i>	Middle <i>ELAINE</i>	Last <i>MOREY.</i>	4. DATE OF DEATH	Month <i>July</i>	Day <i>19</i>	Year <i>1959.</i>
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5. SEX <i>Female.</i>	6. COLOR OR RACE <i>White.</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 18, 1959.</i>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <i>---</i> Days <i>---</i>	IF UNDER 24 HR. Hours <i>22</i> Min. <i>36</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Never worked.</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None.</i>	11. BIRTHPLACE (City and state or country) <i>Poplar Bluff, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			

13a. FATHER'S NAME <i>James Edward Morey.</i>	13b. MOTHER'S MAIDEN NAME <i>Doris Jean Gilbreath.</i>	14. NAME OF HUSBAND OR WIFE <i>None.</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>	16. SOCIAL SECURITY NO. <i>None.</i>	17. INFORMANT <i>Mary Morey, Doniphan, Mo.</i>	Address <i>St. 2.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<i>Cerebral Anoxia.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Placenta Praevia.</i>	
DUE TO (c)	<i>Premature Separation of Placenta.</i>	
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 <i>---</i> a.m. <i>---</i> 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 *July 18, 1959* to *July 19* and last saw her/him alive on *July 19, 1959.*
Death occurred at *2:10* *A.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Merwin R. Babcock, M.D.</i>	22b. ADDRESS <i>Poplar Bluff, Mo.</i>	22c. DATE SIGNED <i>7-20-59.</i>
23b. DATE <i>7-20-59.</i>	23c. NAME OF CEMETERY OR CREMATORY <i>OAK GROVE CEMETERY.</i>	23d. LOCATION (City, town, or county) (State) <i>TRIPLE COUNTY, Mo.</i>
24. FUNERAL DIRECTOR <i>Ray Meadors, Doniphan, Mo.</i>	25. DATE REC'D. BY LOCAL REG. <i>8/6/59</i>	26. REGISTRAR'S SIGNATURE <i>B. Wheeler</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Ray Mearns

Licensed Embalmer No. 3743

P. O. Address Doniphan

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