

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039103

IC-1486436 REG. NO. A-9 FILED VS DEC 7 1959
 Registration District No. _____ Primary Registration District No. 3007 Registrar's No. 541

STATE FILE NUMBER

MEMENDED

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 6 DAYS c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN c. CITY OR TOWN CAMPBELL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) GENERAL BAPTIST REST HOME Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First JOHN Middle WILEY Last METCALFE			4. DATE OF DEATH Month NOVEMBER Day 13 Year 1959				
5. SEX MALE	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 3-13-87	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY BLACKSMITH	11. BIRTHPLACE (City and state or country) PORTAGEVILLE, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME WILLIAM METCALFE		13b. MOTHER'S MAIDEN NAME BARBARY HENNANT		14. NAME OF HUSBAND OR WIFE NONE			
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. 431-13-9306 UNKNOWN		17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, 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) ARTERIOSCLEROTIC HEART DISEASE, CHRONIC. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, GENERALIZED, CHRONIC. UNKNOWN DUE TO (c) ENDOCARDITIS, RHEUMATIC, CHRONIC. UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY FIBROSIS, CHRONIC; CHOLECYSTITIS, CHRONIC.					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 checked="" 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 _____ 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. 7, 1959 to November 13, 1959 Death occurred at 4:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. LESTER HARRIS, M.D., Actg. Path.			22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		22c. DATE SIGNED 11/13/59		
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE 11-16-59	23c. NAME OF CEMETERY OR CREMATORY Stanfield		23d. LOCATION (City, town, or county) (State) Clarkton Mo.		
24. FUNERAL DIRECTOR J. Lloyd Russell		ADDRESS Piggott Ave. 11/23/59		25. DATE RECD. BY LOCAL REG. 11/23/59			
				26. REGISTRAR'S SIGNATURE [Signature]			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

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

on by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509-0
P. O. Address Jiggott, A

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.