

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000471

FILED VS FEB 15 1960

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 69

STATE FILE NUMBER

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) OR TOWN Poplar Bluff	Length of stay in 1b Life	c. CITY OR TOWN Poplar Bluff	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 123 Dwis St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Thelma Middle Gertrude Last Mayo			4. DATE OF DEATH Month January Day 19 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/19/1910	9. AGE (last birthday) 50 Yrs.	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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) Poplar Bluff, Mo	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Anthony Kearbey		13b. MOTHER'S MAIDEN NAME Mary Guffy		14. NAME OF HUSBAND OR WIFE Richard Mayo	
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.		17. INFORMANT Address Richard Mayo, Poplar Bluff, Mo.	

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>Hypostatic pneumonia</i>			<i>12 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Chronic subacute heart disease</i>		<i>18 yrs</i>
	DUE TO (c) <i>Pulmonary sclerosis</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pulmonary hemorrhage, cause unknown</i>			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.) <i>Unknown</i>
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 Poplar Bluff, Mo	COUNTY Butler	STATE Missouri
--	--	---	----------------------	-----------------------

21. I attended the deceased from 1946 to 19 June 60 and last saw her/him alive on 18 June 60
Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Cynthia A. Post M.D.</i> (Degree or title)	22b. ADDRESS <i>Poplar Bluff, Mo</i>	22c. DATE SIGNED <i>26 June 60</i> (Date)
23a. BURIAL, CREMATION, OR OTHER DISPOSITION Burial (Specify)	23b. DATE 1/21/1960	23c. NAME OF CEMETERY OR CREMATORY Sparkman
23d. LOCATION (City, town, or county) Poplar Bluff, Mo.		

24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>2/3/60</i>	26. REGISTRAR'S SIGNATURE <i>R. Mueller</i>
---	---------	---	--

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Name: _____ Sex: _____
 Age: _____ Race: _____
 Date of Birth: _____
 Address: _____
 City: _____ State: _____
 Occupation: _____
 Cause of Death: _____
 Date of Death: _____
 Place of Death: _____
 Name of Physician: _____
 Name of Hospital: _____
 Name of Undertaker: _____
 Name of Embalmer: _____

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 Edgar W. Coffey
Licensed Embalmer No. 3394

P. O. Address Poplar Bl.

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.

Frank-Correll Funeral Home, Poplar Bl., Mo.