

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002713

ED VS. FEB 10 1960 967

Primary Registration District No. 3049 Registrar's No. a1

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Havti, Mo.		Length of stay in 1b 3 Days	c. CITY OR TOWN Caruthersville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Havti Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 601 Eastwood Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Bellfield Middle Sample Last Sample			4. DATE OF DEATH Month Feb. Day 1 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-1-1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months 4 Days 0 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manachinac		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Caruthersville, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Thomas George Sample		13b. MOTHER'S MAIDEN NAME Leora A. Heard		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) No		16. SOCIAL SECURITY NO.	17. INFORMANT Tim Sample Rt. 2 Portageville, 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) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2-1-60
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Bleeding Esophageal Varices.	
	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	
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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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Havti, Pemiscot, Mo.	COUNTY	STATE
21. I attended the deceased from 1-30-60 to 2-1-60 and last saw him alive on 2-1-60 Death occurred at 3:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE P. J. Aguirre, M.D.	(Degree or title)	22b. ADDRESS Caruthersville, Mo.	22c. DATE SIGNED 2-4-60
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23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE 2-4-1960	23c. NAME OF CEMETERY OR CREMATORY Little Prairie Com.	23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
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24. FUNERAL DIRECTOR LaForge Undertkg. Co. Caruthersville	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-4-60	26. REGISTRAR'S SIGNATURE La Honda Adams
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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 Paul C. Seaman

Licensed Embalmer No. 394

P. O. Address Paul C. Seaman

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.