

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018885

FILED VS. MAY 25 1960

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 13

STATE FILE NUMBER

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Dunklin</b>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Butler</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Campbell</b>  |  | Length of stay in 1b<br><b>3 wks.</b>   | c. CITY OR TOWN <b>Poplar Bluff</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Baptist Rest Home</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>R. # 2</b>   |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Fronney</b> Middle <b>Morse</b> Last <b>Morse</b>   |  |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>19</b> Year <b>1960</b>  |   |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12/31/1878</b>  | 9. AGE (last birthday)<br><b>81</b>   | IF UNDER 1 YEAR<br>Months <b>3</b> Days <b>18</b> Hours <b></b> Min. <b></b>          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Polk County Illinois</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, name unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>   | 17. INFORMANT<br>Address<br><b>Charley Morse, Poplar Bluff, Mo.</b>  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <b>Terminal Broncho-pneumonia</b>  |  |   |  |   | <b>1 WTC.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic C.V. Disease</b>   |  |   |  |   | <b>? years.</b>   |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.  | Month, Day, Year _____   |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>4/18/60</b> to <b>4/18/60</b> and last saw her <sup>her</sup> alive on <b>4/18/60</b><br>Death occurred at <b>7 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |   |
| 22a. SIGNATURE<br><b>Wallace Betsy md.</b>   |  |   | 22b. ADDRESS<br><b>Campbell Mo.</b>  |   | 22c. DATE SIGNED<br><b>4/23/60</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>4/21/1960</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>   |  | 23d. LOCATION (City, town, or county)<br><b>Poplar Bluff, Missouri</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Frank-Cotrell Chapel, Poplar Bluff, Mo.</b>   |  | ADDRESS<br><b>5-16-1960</b>   | 25. DATE RECD. BY LOCAL REG.   | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Bessie Campbell</b>  |   |

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 Charles E. Mungler

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff, Mo.

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