MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-007778
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 155

FILED APR 7 1961

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff, Mo
Length of stay in 1b: 70 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Poplar Bluff Hosp.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff, Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 627 Victor
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elizabeth Middle: Bell Last: Hicks
4. DATE OF DEATH: Month: Feb. Day: 17 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/28/1887
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months: 2 Days: 19
IF UNDER 24 HR: Hours: Min.:
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): Chester, Illinois
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Charles Thomas Thomure
13b. MOTHER'S MAIDEN NAME: Sofia Gillenberg
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Walter Hicks Address: Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 12 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2:00 P. M., to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James H Turner MD (Degree or title)
22b. ADDRESS: 215 Oak St Poplar Bluff, Mo.
22c. DATE SIGNED: 3-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/20/1961
23c. NAME OF CEMETERY OR CREMATORY: Kinzey
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

24. FUNERAL DIRECTOR: Frank-Cotrell Chapel ADDRESS: Poplar Bluff, Mo.
25. DATE REC'D. BY LOCAL REG.: 3/31/61
26. REGISTRAR'S SIGNATURE: [illegible]

(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, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.