

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018371

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 8

FILED MAY 22 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>New Madrid</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Morehouse</u>		a. STATE <u>Mo</u>		b. COUNTY <u>New Madrid</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION -----		Length of stay in 1b		c. CITY OR TOWN <u>Morehouse</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS -----		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) -----		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Margie</u>		Middle <u>Shrvock</u>		Last <u>Shrvock</u>		Month Day Year <u>5-1-1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/25/1884</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>	IF UNDER 24 HR Hours <u>7</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <u>Willow Hill, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME -----			13b. MOTHER'S MAIDEN NAME -----			14. NAME OF HUSBAND OR WIFE <u>Estel Saulsbery, Morehouse, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----			16. SOCIAL SECURITY NO. -----		17. INFORMANT Address <u>Estel Saulsbery, Morehouse, Mo.</u>		
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) <u>Bacterial Pharyngitis</u>							
DUE TO (b) <u>Diabetes</u>							
DUE TO (c) <u>Hypertension</u>							
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	
19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m.							
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 <u>April 12, 1961</u> to <u>May 1, 1961</u> and last saw her <u>live</u> on <u>April 19, 1961</u> Death occurred at <u>3:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Benjamin D. Sever D.O.</u>				22b. ADDRESS <u>Dexter, Missouri</u>		22c. DATE SIGNED <u>5/6/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/3/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dogwood Cemetary</u>		23d. LOCATION (City, town, or county) <u>East Prairie, Mo.</u>		(State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Albritton Funeral Home, Sikeston, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-9-61</u>		26. REGISTRAR'S SIGNATURE <u>Nathlynd. M. Bain</u>		

(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 _____
Signature of Student Embalmer

Signed Raymond L. Ruffin

Licensed Embalmer No. 4798

P. O. Address Bernie, T.

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.