

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020522

STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 162

FILED JUL 11 1961

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ENROUTE TO POPLAR BLUFF		Length of stay in 1b DEAD ON ARRIVAL	c. CITY OR TOWN KENNETT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 210 WEST NINTH STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GROVER Middle (NMI) Last CLUBB			4. DATE OF DEATH Month JUNE Day 23 Year 1961			
5. SEX MALE	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 1/3/93	9. AGE (last birthday) 68 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) LUTESVILLE, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME DAN CLUBB		13b. MOTHER'S MAIDEN NAME ADDIE COOK		14. NAME OF HUSBAND OR WIFE PAMMIE CLUBB		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBABLE MYOCARDIAL INFARCTION. DUE TO (b) CORONARY THROMBOSIS. DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CONGESTIVE HEART FAILURE.					INTERVAL BETWEEN ONSET AND DEATH DEAD ON ARRIVAL FROM KENNETT MO. TO POPLAR BLUFF	
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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>			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 DEAD ON ARRIVAL 6/23/61 to 6/23/61 and last saw her/him alive on DEAD ON ARRIVAL 8:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE JOSE A. AEGRE, M.D., Officer of Day, Med. Svc. VA Hospital, Poplar Bluff, Mo.			22b. ADDRESS		22c. DATE SIGNED 6/26/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-26-61	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR Lentz Service,		ADDRESS Kennett Mo.	25. DATE RECD. BY LOCAL REG. 7/8/1961	26. REGISTRAR'S SIGNATURE Thelma Graham		

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Edgar Fred Fabel

Licensed Embalmer No. 1433

P. O. Address Kenett Pa

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.