

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024235

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 226

AMENDED

FILED AUG 9 1961

| | | | |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | c. CITY OR TOWN Poplar Bluff | |
| Length of stay in 1b Life | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital | | d. STREET ADDRESS (If outside, give location) 500 Victor St. | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Pearl Middle Lona Last Jackson | | | 4. DATE OF DEATH Month July Day 18 Year 1961 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/5/1890 |
| 9. AGE (last birthday) 70 | | IF UNDER 1 YEAR Months 7 Days 13 | 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) Wayne County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13a. FATHER'S NAME Imri Walker | |
| 13b. MOTHER'S MAIDEN NAME Alice Joiner | | 14. NAME OF HUSBAND OR WIFE Deceased. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Mrs. Leo Gullette, Poplar Bluff, 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) Uremic Coma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c) Massive Bilateral Renal Stones 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 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 COUNTY STATE | |
| 21. I attended the deceased from May 29, 1961 , to July 18, 1961 and last saw her him alive on July 17, 1961 Death occurred at 2:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE J. L. Theibert M.D. (Degree or title) | | 22b. ADDRESS Poplar Bluff, Mo. | |
| 22c. DATE SIGNED | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7/20/61 | |
| 23c. NAME OF CEMETERY OR CREMATORY City | | 23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri. | |
| 24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff, Mo. | | 25. DATE RECD. BY LOCAL REG. 8-2-1961 | |
| 26. REGISTRAR'S SIGNATURE Thelma Gahan | | | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3008 43

MISSOURI NOV 7 1961

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|----|------|------|------|------|------|
| 1 | 1001 | 1001 | 1001 | 1001 | 1001 |
| 2 | 1002 | 1002 | 1002 | 1002 | 1002 |
| 3 | 1003 | 1003 | 1003 | 1003 | 1003 |
| 4 | 1004 | 1004 | 1004 | 1004 | 1004 |
| 5 | 1005 | 1005 | 1005 | 1005 | 1005 |
| 6 | 1006 | 1006 | 1006 | 1006 | 1006 |
| 7 | 1007 | 1007 | 1007 | 1007 | 1007 |
| 8 | 1008 | 1008 | 1008 | 1008 | 1008 |
| 9 | 1009 | 1009 | 1009 | 1009 | 1009 |
| 10 | 1010 | 1010 | 1010 | 1010 | 1010 |

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.