

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028505

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 43

Primary Registration District No. 300P

Registrar's No. 227

FILED AUG 21 1961

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 6 hrs.	c. CITY OR TOWN Dexter		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			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 615 E. South Main	
3. NAME OF DECEASED (Type or print) First Ida Middle Lee Last Head			4. DATE OF DEATH Month August Day 3 Year 1961		
5. SEX Female	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 9-15-1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days 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	11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Marion Stroud		13b. MOTHER'S MAIDEN NAME Sarah Owens		14. NAME OF HUSBAND OR WIFE Joel Cleveland Head	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Dexter, Mo. Joel C. Head 615 E. South Main		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Vascular collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Heavy Metal poisoning (arsenic) DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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 checked="" 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 1:30 a.m. Aug 3 '61					
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.) HOME		20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 3 Aug 61 to 3 Aug 61 and last saw her/him alive on 3 Aug 61 Death occurred at 8:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Fred Caldwell M.D. (Degree or title)			22b. ADDRESS KNEIBERT CLINIC		22c. DATE SIGNED 12 Aug 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-5-1961	23c. NAME OF CEMETERY OR CREMATORY Essex Cemetery	23d. LOCATION (City, town, or county) Essex, Missouri		
24. FUNERAL DIRECTOR Russell Mortuary Gideon, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 8/19/61	26. REGISTRAR'S SIGNATURE Shelma Graham

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

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 me,
or by ME, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Gerald W. Hoggins

Licensed Embalmer No. 1116 Ph

P. O. Address Hidden, Mo.

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.