

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Doctors ^{Illinois} - 61-040288

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 409 STATE FILE NUMBER

FILED NOV 27 1961

1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Cairo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>519 1/2 34th st.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>James</u> Last <u>Secret</u>				4. DATE OF DEATH Month <u>11</u> Day <u>6</u> Year <u>61</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-12-1882</u>		9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DDS</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Professional</u>		11. BIRTHPLACE (City and state or country) <u>Petersburg, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>John Secret</u>				13b. MOTHER'S MAIDEN NAME <u>Julia Dodd</u>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Clyde DePriest, Cairo, Ill</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Vascular collapse + Respiratory Failure</u> DUE TO (b) <u>Shock</u> DUE TO (c) <u>Trauma sustained in Accident.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										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) <u>Age of deceased.</u>								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 checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto Accident.</u>									
20c. TIME OF INJURY Hour <u>9:00</u> a.m. p.m. Month, Day, Year <u>Nov 5 '61</u>		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.) <u>Highway 67</u>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <u>11-5-61</u> to <u>11-6-61</u> and last saw <u>her</u> him alive on <u>11-6-61</u> Death occurred at <u>7:00</u> <u>P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Fred Caldwell M.D.</u>						22b. ADDRESS <u>Poplar Bluff, Mo.</u>			22c. DATE SIGNED <u>17 Nov '61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-7-61</u>		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) <u>Cairo, Ill</u>			23e. (State)			
24. FUNERAL DIRECTOR <u>Greer Croy & Fitch, Poplar Bluff, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>11/22/1961</u>		26. REGISTRAR'S SIGNATURE <u>Shelma Graham</u>						

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

APR 25 1962

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 Philip J. Cassidy
Licensed Embalmer No. 4678
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.