

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005708

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 626

**FILED MAR 1 8 1962**

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

|  |   |  |  |  |  |  |  |   |
|--|---|--|--|--|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>BUTLER</b>   |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b> |  |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>POPLAR BLUFF</b>   |   |  | Length of stay in 1b<br><b>DAY</b>                                   |  | c. CITY OR TOWN <b>SIKESTON</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION</b>  |   |  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location)<br><b>851 TANNER</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ELMER</b> Middle <b>MOSES</b> Last <b>DOCKINS</b>  |   |  | 4. DATE OF DEATH<br>Month <b>MARCH</b> Day <b>3</b> Year <b>1962</b> |  |  |  |  |   |
| 5. SEX <b>MALE</b>   | 6. COLOR OR RACE <b>WHITE</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>8-1-91</b>                                       | 9. AGE (last birthday) <b>70</b>   | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>                           | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b>   |  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMER</b>   |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>AGRICULTURE</b>              |  | 11. BIRTHPLACE (City and state or country)<br><b>MARBLE HILL, MISSOURI</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>JOHN DOCKINS</b>  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>KATHLEEN GIBBONS</b>                 |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>NONE</b>   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WORLD WAR I</b>   |   |  | 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>                            | 17. INFORMANT Address<br><b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>   |  |  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |   |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |   |
| IMMEDIATE CAUSE (a) <b>MASSIVE CEREBRAL HEMORRHAGE</b>   |   |  |  |  |  |  | ---  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |   |  | DUE TO (b) <b>RUPTURE OF CEREBRAL ARTERY</b>                         |  |  | ---  |  |   |
|  |   |  | DUE TO (c) <b>CEREBRAL ARTERIOSCLEROSIS</b>                          |  |  | ---  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Hypertension</b>   |   |  |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" 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<br>Hour <b>7:50 P.M.</b> Month, Day, Year <b>March 3, 1962</b>   |   |  |  |  |  |  |  |   |
| 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.)<br><b>VA</b>  |  | 20f. CITY, TOWN, OR LOCATION<br><b>POPLAR BLUFF, MO.</b>   |  | COUNTY <b>SCOTT</b> STATE <b>MISSOURI</b>  |  |   |
| 21. attended the deceased from <b>March 3, 1962</b> to <b>March 3, 1962</b> and last saw <b>her</b> alive on <b>March 3, 1962</b><br>Death occurred at <b>7:50 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |  |  |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><i>David V. Miller, M.D., ACTG</i>   |   |  |  | 22b. ADDRESS<br><b>VA HOSPITAL, POPLAR BLUFF, MO.</b>  |  | 22c. DATE SIGNED<br><b>3/4/62</b>  |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 23b. DATE<br><b>March 6, 1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Garden of Memories</b>      |  | 23d. LOCATION (City, town, or county) (State)<br><b>Sikeston, Mo.</b>      |  |  |   |
| 24. FUNERAL DIRECTOR<br><i>Delbert Strumel Home</i>  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>3/11/1962</b>                     |  | 26. REGISTRAR'S SIGNATURE<br><i>Thelma Graham</i>                          |  |  |   |

*Sikeston, Mo.*

(Licensed Embelmer'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. Duffie*

Licensed Embalmer No. 4298

P. O. Address Bernie 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.