

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-005735**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3087 Registrar's No. 579

AMENDED

**FILED FEB 20 1962**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

|  |   |   |  |
|--|---|---|--|
| 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>BUTLAR</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>POPLAR BLUFF,</b>  |   | Length of stay in 1b<br><b>6 yrs.</b>   | c. CITY OR TOWN<br><b>POPLAR BLUFF</b>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>701 valley St;</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS<br><b>609 Mary.</b>  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ADDIE</b> Middle <b>BEATRICE</b> Last <b>SCOTT</b>   |   |   | 4. DATE OF DEATH<br><b>1/25/1962</b>   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9/3/1883</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House work</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  | 9. AGE (last birthday)<br><b>78 yrs.</b>   |
| 13a. FATHER'S NAME<br><b>Ernest Powers</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Victoria Shaffers</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Batesville Ark.</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)<br><b>Pneumonia, generalized</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 wk.</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Generalized arteriosclerosis, arteriosclerotic heart disease</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 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 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 <b>Jan 24, 62</b> to <b>Jan 24, 62</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>Jan 24 62</b><br>Death occurred at <b>LA</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><b>Norman E. Wulfs MP</b>  |   | 22b. ADDRESS<br><b>Poplar Bluff Mo</b>  | 22c. DATE SIGNED<br><b>5 Feb 62</b>  |
| 23a. BURIAL OR CREMATION, (Specify)  | 23b. DATE<br><b>1/29/1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>City Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Poplar Bluff Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>Peoples. Poplar Bluff Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>2/16 1962</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Thelma Graham</b>  |

**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 Willie A. Davis

Licensed Embalmer No. 5729

P. O. Address Charleston, W. Va.

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.