MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-005741
STATE FILE NUMBER

AMENDED

Registration District No. 42 Primary Registration District No. 3007 Registrar's No. 59

FILED FEB 27 1962

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Length of stay in 1b: 3Da
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Poplar Bluff Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Butler
c. CITY OR TOWN Fisk — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) R#15Mi S,W, of Fisk — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Minnie Middle: Lee Last: Tennison
4. DATE OF DEATH Month: Feb Day: 16 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 10-5-1885
9. AGE (last birthday): 76 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and state or country): Green, Co, Ark.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: David Seibert
13b. MOTHER'S MAIDEN NAME: Mollie Hicks
14. NAME OF HUSBAND OR WIFE: Divorced
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Flossie Overall, Fisk, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Toxicity — 60 hours
DUE TO (c) Strangulated umelical hernia (Surgery)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
① Generalized arteriosclerosis, ② Surgical Correction of hernia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-14-62, to 2-16-62 and last saw her/him alive on 2-16-62
Death occurred at 10 a.m. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] MD
22b. ADDRESS Poplar Bluff, Missouri
22c. DATE SIGNED 2-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-18-1962
23c. NAME OF CEMETERY OR CREMATORY: Shain Memorial
23d. LOCATION (City, town, or county) (State): Butler Co, Mo.
24. FUNERAL DIRECTOR: White Funeral Home — ADDRESS: Fisk, Mo.
25. DATE RECD. BY LOCAL REG.: 2/23/1962
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Raymond L. Duffie
Signature of Student Embalmer

Licensed Embalmer No. 4798

P. O. Address Berne, Me

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.