

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010151

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 131

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 26 1962

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CAPE GIRARDEAU</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>SCOTT</u>                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u>  |   | c. CITY OR TOWN <u>ORAN</u>  |   |
| Length of stay in 1b <u>2 wks.</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>FAIRVIEW NURSING HOME</u>   |   | d. STREET ADDRESS (If outside, give location)  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>EDITH</u> Middle <u>CATHERINE</u> Last <u>STUCKEY</u>  |   | 4. DATE OF DEATH<br>Month <u>MARCH</u> Day <u>11</u> Year <u>1962</u>  |   |
| 5. SEX <u>FEMALE</u>   | 6. COLOR OR RACE <u>WHITE</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct. 7, 1883</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>   | 11. BIRTHPLACE (City and state or country) <u>GREENBRIER MISSOURI</u>   |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |   | 13a. FATHER'S NAME <u>ANDREW WINCHESTER</u>  |   |
| 13b. MOTHER'S MAIDEN NAME <u>MARY LINCOLN</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>MARION S. STUCKEY</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>  |   | 16. SOCIAL SECURITY NO. <u>NONE</u>  |   |
| 17. INFORMANT <u>RAY S. STUCKEY - ORAN, MISSOURI</u>   |   | Address  |   |
| 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) <u>Cerebral vascular accident.</u>   |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis, generalized.</u>   |   |  | <u>?</u>  |
| DUE TO (c)   |   |  |   |
| 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.<br><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 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 <u>7.15</u> a.m. Month, Day, Year <u>Feb. 25, 1962</u>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cape Girardeau, Mo.</u>                                      | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><u>Feb. 24</u>   |
| 21. I attended the deceased from <u>Feb. 25, 1962</u> to <u>March 11, 1962</u> and last saw her alive on <u>Feb. 29, 1962</u> .<br>Death occurred at <u>7.15</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE <u>Charles F. Wilson M.D.</u> (Degree or title)   |   | 22b. ADDRESS <u>Cape Girardeau, Mo.</u>  | 22c. DATE SIGNED <u>3-17-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  | 23b. DATE <u>MARCH 14, 1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>DONGOLA CEMETERY</u>   | 23d. LOCATION (City, town, or county) (State) <u>DONGOLA, MISSOURI</u>  |
| 24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.</u> ADDRESS   |   | 25. DATE RECD. BY LOCAL REG. <u>Mar. 21-62</u>   | 26. REGISTRAR'S SIGNATURE <u>Jane Kasten</u>  |

**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 Jack T. Burnett

Licensed Embalmer No. 4472

P. O. Address Chaffee, 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.