

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016122

STATE FILE NUMBER

Registration District No. 240, Primary Registration District No. 4358 Registrar's No. 9

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 17 1962

VS 300
Rev. 4/59

1 0720

2 0720

3 2

4 1

5 2

6

7 0

8 0

94201

10

11

12 90-0

134-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

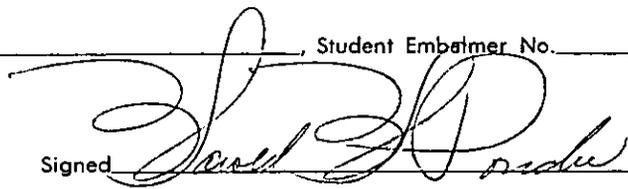
1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lilbourn		c. CITY OR TOWN Lilbourn	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION So. 4th. St.		d. STREET ADDRESS (If outside, give location) so. 4th. St.	
3. NAME OF DECEASED (Type or print) First Emma Middle Jane Last Heath		4. DATE OF DEATH Month April Day 12 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-10-69
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (last birthday) 92
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	10c. IF UNDER 1 YEAR Months 6 Days 2 Hours Min.
11. BIRTHPLACE (City and state or country) Marquand, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Graham		13b. MOTHER'S MAIDEN NAME Elizabeth Dudley	
14. NAME OF HUSBAND OR WIFE Mildred Beahr-R.1 Lilbourn, Mo.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mildred Beahr-R.1 Lilbourn, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Generalized Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Two Weeks	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 Hour _____ a.m. _____ p.m. Month, Day, Year _____		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1959 to 12 April 62 and last saw her/him alive on _____ Death occurred at 8:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Charles Simpson MD	
22b. ADDRESS Lilbourn, Mo.		22c. DATE SIGNED 4/14/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-14-62	23c. NAME OF CEMETERY OR CREMATORY Mounds Park	23d. LOCATION (City, town, or county) Near Lilbourn, Mo.
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.		25. DATE RECD. BY LOCAL REG. 4-14-1962	26. REGISTRAR'S SIGNATURE Charles Simpson

by H. L. Ponder

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  _____
Student Embalmer No. _____

Licensed Embalmer No. 5030
P. O. Address Sharon, 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.