

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021598

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 334 Primary Registration District No. 3072 Registrar's No. 101

FILED MAY 21 1962

VS 300
Rev. 4/59

1 0975
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4 0
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12 90-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT
BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Saline</u> | | a. STATE <u>Missouri</u> COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall, Missouri</u> | | c. CITY OR TOWN <u>Marshall</u> | |
| Length of stay in lb <u>25 yrs.</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>905 S Odell</u> | | d. STREET ADDRESS (If outside, give location) <u>625 N Odell</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH |
| First Middle Last <u>GEORGE JAMES PAPPAS</u> | | | Month Day Year <u>May 15, 1962</u> |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH |
| <u>Male</u> | <u>Greek</u> | | <u>3-21-1897</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe Owner</u> | 9. AGE (last birthday) <u>65</u> |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Bertha Pappas</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT Address <u>Mrs. Bertha Pappas Marshall, Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Myocardial Rupture</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| DUE TO (b) <u>Myocardial weakness</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. <input type="checkbox"/> Yes <input 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 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 <u>Several years</u> to <u>May 15</u> and last saw him alive on <u>May 15-62</u> Death occurred at <u>Marshall, Mo 5:10 P.M.</u> on the date stated above, and to the best of my knowledge from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Dr. James W. Reser</u> | | 22b. ADDRESS <u>Marshall, Missouri</u> | 22c. DATE SIGNED |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| <u>Burial</u> | <u>5-17-1962</u> | <u>Ridge Park Cemetery</u> | <u>Marshall, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Jack W. Reser Marshall, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-17-'62</u> | 26. REGISTRAR'S SIGNATURE <u>Cecil G. Read</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

Bill E. Laughlin

Licensed Embalmer No. 5160

P. O. Address Marshall, 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.