MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021672
STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 6148 Registrar's No.

FILED MAY 21 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1030
2 1030-
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4 1
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7 0
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9 4500
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12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: STODDARD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CASTOR — Length of stay in 1b: Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home of Son. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: STODDARD
c. CITY OR TOWN: BLOOMFIELD — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MYRTIE Middle ASLIN Last SOUTHERLAND
4. DATE OF DEATH: Month MAY Day 9, Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: OCT. 25-85
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): BLOOMFIELD, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JAS. DAVID ASLIN
13b. MOTHER'S MAIDEN NAME: MINERVA PATTERSON
14. NAME OF HUSBAND OR WIFE: DECEASED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *** (If yes, give war or dates of service) ***
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: RAYMOND SOUTHERLAND, Address: BLOOMFIELD, MO. RT.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 years
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 Dec 15th 1961 to May 9 1962 and last saw her/him alive on May 9th 1962
Death occurred at 5:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. Cornea M.D.
22b. ADDRESS: Hexter Mo
22c. DATE SIGNED: 5/15/

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAY 11, 1962
23c. NAME OF CEMETERY OR CREMATORY: HARPER CEMETERY
23d. LOCATION (City, town, or county) (State): STODDARD COUNTY, MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: CHILES UND. CO., BLOOMFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 5-18-1962
26. REGISTRAR'S SIGNATURE: David S. Leggett

(Licensed Embalmer's Statement on Reverse Side)

JUN 6 1962

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 LULU COOPER # 3499, [redacted] No.

[redacted]on.

Student

Signature of Student Embalmer

Signed Lulu C. Cooper

Licensed Embalmer No. 4119

P. O. Address BLOOMFIELD, 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.