

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022236

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 279

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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MEDICAL CERTIFICATION

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|                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                                                                                                          |                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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>Cape Girardeau</u>        |                                                                                                                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>                                                                                                                                                                                                                                       |                                                                                                                      | c. CITY OR TOWN <u>Near Old Appleton Mo.</u>                                                                                                             |                                                                                                                                                                      |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>South East Hosp.</u>                                                                                                                                                                                                                           |                                                                                                                      | d. STREET ADDRESS (If outside, give location) <u>Near Old Appleton Mo.</u>                                                                               |                                                                                                                                                                      |
| 3. NAME OF DECEASED (Type or print) First <u>Roxie</u> Middle <u>Lang</u> Last <u>Lang</u>                                                                                                                                                                                                                                    |                                                                                                                      | 4. DATE OF DEATH Month <u>June</u> Day <u>25</u> Year <u>1962</u>                                                                                        |                                                                                                                                                                      |
| 5. SEX <u>F.</u>                                                                                                                                                                                                                                                                                                              | 6. COLOR OR RACE <u>W.</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>4-3-1888</u>                                                                                                                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>                                                                                                                                                                                                                 |                                                                                                                      | 10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>                                                                                                   |                                                                                                                                                                      |
| 13a. FATHER'S NAME <u>Henry Kurre</u>                                                                                                                                                                                                                                                                                         |                                                                                                                      | 13b. MOTHER'S MAIDEN NAME <u>Jane Drum</u>                                                                                                               |                                                                                                                                                                      |
| 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.                                                                                                                                  |                                                                                                                                                                      |
| 17. INFORMANT <u>Byran Lang Jackson Mo.</u>                                                                                                                                                                                                                                                                                   |                                                                                                                      | Address                                                                                                                                                  |                                                                                                                                                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Severe Cerebral Concussions</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Multiple Fractures</u><br>DUE TO (c) <u>Shock</u> |                                                                                                                      |                                                                                                                                                          | INTERVAL BETWEEN ONSET AND DEATH <u>2 hr</u>                                                                                                                         |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                | 20a. ACCIDENT <input checked="" 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.) <u>Auto Accident</u>                                        |                                                                                                                                                                      |
| 20c. TIME OF INJURY Hour <u>6</u> Month, Day, Year <u>25 1962</u> p.m.                                                                                                                                                                                                                                                        |                                                                                                                      | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                                        |                                                                                                                                                                      |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway-61</u>                                                                                                                                                                                                                    |                                                                                                                      | 20f. CITY, TOWN, OR LOCATION <u>Cape Girardeau</u> COUNTY <u>Cape</u> STATE <u>Mo</u>                                                                    |                                                                                                                                                                      |
| 21. I attended the deceased from <u>June 25, 1962</u> to <u>June 25, 1962</u> and last saw her/him alive on <u>June 25, 1962</u><br>Death occurred at <u>7:05</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.                                                                     |                                                                                                                      |                                                                                                                                                          |                                                                                                                                                                      |
| 22a. SIGNATURE (Degree or title) <u>Michael C. Kaster, M.D.</u>                                                                                                                                                                                                                                                               |                                                                                                                      | 22b. ADDRESS <u>777 Broadway Cape Girardeau</u>                                                                                                          |                                                                                                                                                                      |
| 22c. DATE SIGNED <u>6-28-62</u>                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                                                                                                          |                                                                                                                                                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                                                                       | 23b. DATE <u>6-28-62</u>                                                                                             | 23c. NAME OF CEMETERY OR CREMATORY <u>Old Appleton Methodist</u>                                                                                         |                                                                                                                                                                      |
| 23d. LOCATION (City, town, or county) <u>Old Appleton Mo.</u>                                                                                                                                                                                                                                                                 |                                                                                                                      | (State)                                                                                                                                                  |                                                                                                                                                                      |
| 24. FUNERAL DIRECTOR <u>Deneke-Laird Jackson Mo.</u>                                                                                                                                                                                                                                                                          |                                                                                                                      | 25. DATE RECD. BY LOCAL REG. <u>6-29-62</u>                                                                                                              |                                                                                                                                                                      |
| 26. REGISTRAR'S SIGNATURE <u>Michael C. Kaster</u>                                                                                                                                                                                                                                                                            |                                                                                                                      |                                                                                                                                                          |                                                                                                                                                                      |

AUG 9 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Miss

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.