

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-026206

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 918

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 8 1962

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Rt. 4 Length of stay in 1b 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mile South of City Limits Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff, Rt. 4 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1 mile South of City limits Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Lillie Emelia Mead
4. DATE OF DEATH Month Day Year July 22, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 1-11-1882 9. AGE (last birthday) 80 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 Kentucky 11. BIRTHPLACE (City and state or country) USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Simpson 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE None

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 Address Rt. 4 Mrs. Freda Fletcher Poplar Bluff, 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) Senility. INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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

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 July 21, 1962 to _____ and last saw her alive on July 21, 1962
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) Bernard L. Franklin 22b. ADDRESS Campbell, Missouri 22c. DATE SIGNED 7-24-1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-26-62 23c. NAME OF CEMETERY OR CREMATORY Gravel Hill Cemetery 23d. LOCATION (City, town, or county) (State) St. Francis, Arkansas 1962

24. FUNERAL DIRECTOR ADDRESS Lloyd Russell, Piggott, Ark. 25. DATE RECD. BY LOCAL REG. 8-4-1962 26. REGISTRAR'S SIGNATURE Thelma Graham

USE BLACK INK OR TYPEWRITER RIBBON

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 *A*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Hendrickson*

Licensed Embalmer No. *1116 Arkanson*

P. O. Address *Piquette*

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.