MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026208
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 881

FILED JUL 17 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0128
2 1030
3 1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff — Length of stay in Ib: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Poplar Bluff Hospital — 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: Dexter — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): rfd. 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Manda — Middle: Lavada — Last: Morris

4. DATE OF DEATH: Month: July — Day: 11 — Year: 1962

5. SEX: female — **6. COLOR OR RACE**: white — **7.** Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ — **8. DATE OF BIRTH**: 3-26-1884 — **9. AGE** (last birthday): 78 — 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**: housewife — **11. BIRTHPLACE** (City and state or country): Stoddard Co., Mo. — **12. CITIZEN OF WHAT COUNTRY**: U.S.A.

13a. FATHER'S NAME: Preston Absher — **13b. MOTHER'S MAIDEN NAME**: Mollie Casey — **14. NAME OF HUSBAND OR WIFE**: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): X X X X X X X X — **16. SOCIAL SECURITY NO.** — **17. INFORMANT**: Zelma Tompaw — Address: Dexter, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
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 10 June 62 to 11 July 62 and last saw her/him alive on 11 July 62
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] — (Degree or title): MD — **22b. ADDRESS**: 321 Oak Poplar Bluff Mo — **22c. DATE SIGNED**: 12 July 62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial — **23b. DATE**: 7-13-62 — **23c. NAME OF CEMETERY OR CREMATORY**: Sadler's Chapel Cem. — **23d. LOCATION** (City, town, or county) (State): Dexter, Mo. R. 2

24. FUNERAL DIRECTOR: Watkins & Sons — **ADDRESS**: Dexter, Mo. — **25. DATE RECD. BY LOCAL REG.**: 7/13/1962 — **26. REGISTRAR'S SIGNATURE**: Zelma Graham

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.