MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026223

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 906

FILED JUL 30 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0128
2	0128-
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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 1b: 2Yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 203 North Bst — 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 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 203 No, B.St — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Clara — Middle — Last Treece

4. DATE OF DEATH: Month 6 Day 27 Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-13-1880

9. AGE (last birthday): 82 — 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): Sikeston, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Burns

13b. MOTHER'S MAIDEN NAME: Sarah Winchester

14. NAME OF HUSBAND OR WIFE: Alvin Treece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Alvin Treece. Address: 203, N,B,St

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): Asphyxia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cardiac failure

DUE TO (c): Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

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 10-19-61, to 6-27-62 and last saw her alive on 6-26-62

Death occurred at 5:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F. F. Priest D.O.

22b. ADDRESS: Poplar Bluff, Mo.

22c. DATE SIGNED: 6-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-29-1962

23c. NAME OF CEMETERY OR CREMATORY: Shain Memorial

23d. LOCATION (City, town, or county) (State): Butler, Co. Mo.

24. FUNERAL DIRECTOR: J. C. White — ADDRESS: Fisk, Mo.

25. DATE RECD. BY LOCAL REG.: 7-24-1962

26. REGISTRAR'S SIGNATURE: Thelma Graham.

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, 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.