MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030145

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 974

DO NOT WRITE ON THIS STUB — AMENDED

FILED SEP 4 1962

VS 300 Rev. 4/59

1	0129
2	0120
3	
4	1
5	0
6	
7	0
8	0
9	776X
10	
11	
12	4-0
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: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff — Length of stay in 1b: 30 min.
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: Butler
c. CITY OR TOWN: Qulin — 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 TERRY Middle LYNN Last ANDERSON
4. DATE OF DEATH: Month Aug. Day 17 Year 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-17-62
9. AGE (last birthday) — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: ◇
11. BIRTHPLACE (City and state or country): Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joe Anderson
13b. MOTHER'S MAIDEN NAME: Jettie Lou Sauls
14. NAME OF HUSBAND OR WIFE: none
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 — Address: Mrs. J. T. Anderson, Qulin, 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): Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
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

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 8/17/62, to 8/17/62 and last saw her/him alive on 8/17/62
Death occurred at 12:40 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James H. Turner M.D.
22b. ADDRESS: 215 Oak Street Poplar Bluff, Mo.
22c. DATE SIGNED: 8-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 18, 1962
23c. NAME OF CEMETERY OR CREMATORY: Browns Chapel Cemetery
23d. LOCATION (City, town, or county) (State): Broseley Missouri

24. FUNERAL DIRECTOR — ADDRESS: Landess Funeral Home, Campbell, Mo.
25. DATE RECD. BY LOCAL REG.: 9/1/1962
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 Not embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.