

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031882  
STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 27

**FILED AUG 22 1962**

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lilbourn</u>		Length of stay in 1b <u>1 wk.</u>	c. CITY OR TOWN <u>Poplar Bluff Rt. 1.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>in City limits</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Poplar Bluff Rt. 1.</u>
3. NAME OF DECEASED (Type or print) First <u>Julie</u> Middle <u>Jane</u> Last <u>Hon</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>12</u> Year <u>1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 8, 1931</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>30 yrs.</u>
13a. FATHER'S NAME <u>Charley Hester</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Greer</u>	11. BIRTHPLACE (City and state or country) <u>Malden Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph Hon</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT Address <u>Ralph Hon, Poplar Bluff, Mo., Rtl</u>	
DUE TO (b) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Obstetrical delivery at 2:45 P.M.</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8-12-62</u> to <u>8-12-62</u> and last saw her alive on <u>8-12-62</u>		22a. SIGNATURE (Degree or title) <u>James O. Cameron D.O. Lilbourn, Mo.</u>	
22b. ADDRESS		22c. DATE SIGNED <u>8-13-62</u>	
23a. BURIAL, CREMATION, or other disposal (Specify) <u>burial</u>		23b. DATE <u>Aug. 15, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Watkins and Sons, Parma, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-17-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Charles Simpson by H.S. Ponder</u>			

**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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Deer 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.