

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033382
STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 192

FILED SEP 4 1962

VS 300
Rev. 4/59

1 1007
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston | | Length of stay in 1b 1 Day | c. CITY OR TOWN Sikeston, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 511 William Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Howard Middle Last Stowe | | 4. DATE OF DEATH Month 8 Day 29 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-11-1905 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLWRIGHT SUPT. | | 10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION | 11. BIRTHPLACE (City and state or country) BENTON MO |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13. FATHER'S NAME JIM STOWE | |
| 13b. MOTHER'S MAIDEN NAME FRANCES BECKMAN | | 14. NAME OF HUSBAND OR WIFE STELLA | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Mrs Stella Stowe - Sikeston Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AC. COR. ART. OCCL. WITH MYOC. INFARCT | | INTERVAL BETWEEN ONSET AND DEATH 24 HRS | |
| 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) VENTRICULAR TACHYCARDIA, SHOCK, DIAB. MELL. | | 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 | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 8-28-62 and last saw him alive on 8-29-62 Death occurred at 6:55 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Carl G. Popp, M.D. (Degree title) | | 22b. ADDRESS Sikeston, Mo. | 22c. DATE SIGNED 8-29-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 9-1-62 | 23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES | 23d. LOCATION (City, town, or county) (State) SIKESTON MO |
| 24. FUNERAL DIRECTOR Welch Funeral Home - Sikeston MO | | 25. DATE RECD. BY LOCAL REG. Aug 30 - 1962 | 26. REGISTRAR'S SIGNATURE Jeanette Waldman |

USE BLACK INK OR TYPEWRITER RIBBON

SEP 11 1962

Permit issued Aug 30 - 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 Raymond Grews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.