

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-033926

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District 43 Primary Registration District No. 3007 Registrar's No. 1002

FILED OCT 2 1962

VS 300
Rev. 4/59

10/28

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b		c. CITY OR TOWN Rt#2 Poplar Bluff	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt#2 Poplar Bluff
3. NAME OF DECEASED (Type or print) First Middle Last Gilbert Franklin Tatum			4. DATE OF DEATH Month Day Year September 19, 1962		
5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-20-82	9. AGE (last birthday) 80	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) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Lawrence Cty, Ark.	
12. CITIZEN OF WHAT COUNTRY United States		13a. FATHER'S NAME William Tatum		13b. MOTHER'S MAIDEN NAME Cardine Webb	
14. NAME OF HUSBAND OR WIFE Florence Adrian		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Guy Tatum Doniphan, Missouri		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage internal chest - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) fractures multiple ribs scapula DUE TO auto accident -		INTERVAL BETWEEN ONSET AND DEATH 1 day	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Auto accident -			
20c. TIME OF INJURY Hour a.m. 7 - Month, Day, Year 19 Sept 62		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.) 67 + 60 miles	
20f. CITY, TOWN, OR LOCATION Poplar Bluff Mo - Butler, Mo		20g. COUNTY Butler		20h. STATE Mo	
21. I attended the deceased from 9/5/62 to 19 Sept 1962 and last saw him alive on 14 Sept 1962		Death occurred at 9/21/62 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 64606	
22c. DATE SIGNED 9/21/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-21-62	
23c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery		23d. LOCATION (City, town, or county) Ripley Co. Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Edwards F. H. Doniphan, Missouri		ADDRESS		25. DATE RECD. BY LOCAL REG. 9/24-1962	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S NAME Thelma Graham			

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 Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Taylor, 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.