MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037450
STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 6253 Registrar's No. 6

FILED SEP 17 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1 1 0
2 0 1 2 8
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4 1
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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: Wayne
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Williamsville
Length of stay in 1b: Minutes
c. FULL NAME OF HOSPITAL OR INSTITUTION: HWY "O" 3 Miles
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): 817 Hendrix
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DIANNE Middle CAROLE Last LOUVERE
4. DATE OF DEATH: Month Sept. Day 9 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-4-1945
9. AGE (last birthday): 17
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): Student
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Floyd Louvere
13b. MOTHER'S MAIDEN NAME: Viola Freda Richa
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): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Viola Blakeney Address: Poplar Bluff, M

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): Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Car accident
DUE TO (c):
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.): Car turned over
20c. TIME OF INJURY: Hour 9:00 a.m. p.m. Month, Day, Year Sept 9-62
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.): Hwy O
20f. CITY, TOWN, OR LOCATION: 3 Mi S of Williamsville COUNTY: Wayne STATE: Mo.
21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 9:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Marvin E. Bowles (Degree or title): Coroner
22b. ADDRESS: Piedmont, Missouri
22c. DATE SIGNED: Sept 11-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-11-1962
23c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Missouri
24. FUNERAL DIRECTOR: Greer Croy & Fitch ADDRESS: Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 9-13-62
26. REGISTRAR'S SIGNATURE: Sheila Lowelace

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1963

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 Philip J. Casserly

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, 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.