

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040025

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9762 STATE FILE NUMBER

FILED OCT 19 1962

1. PLACE OF DEATH
 a. COUNTY St. Louis, Mo.
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish 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 Poplar Bluff Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2211 Leonard Dr. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Dorothy Middle Wilma Last Bounds 4. DATE OF DEATH Month October Day 9 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4/12/1926 9. AGE (last birthday) 36 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Poplar Bluff, Mo. 11. BIRTHPLACE (City and state or country) U.S. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME (Unknown) Gilliam 13b. MOTHER'S MAIDEN NAME Della Mitchner 14. NAME OF HUSBAND OR WIFE Lloyd Bounds

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. None 17. INFORMANT Lloyd Bounds, Poplar Bluff, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) SEPTIC SHOCK INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
 DUE TO (b) OVERWHELMING INFECTION
 DUE TO (c) 641 X
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ACUTE RENAL FAILURE
 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.)

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.

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 9/13/62 to 10/9/62 and last saw her/him alive on 10/9/62
 Death occurred at 12:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M.D. 22b. ADDRESS 316 S. Kingshighway 22c. DATE SIGNED 10/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 10-13-62 23c. NAME OF CEMETERY OR CREMATORY City Cemetery 23d. LOCATION (City, town, or county) Poplar Bluff, Mo. (State)

24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, ADDRESS Blvd. 25. DATE RECD. BY LOCAL REG. OCT 13 1962 26. REGISTRAR'S SIGNATURE Road Smith, M.O.

DATE AMENDED
 2/28/68

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF [Signature]

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

NOV 8 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 Larry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.