MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041283
STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 49

FILED NOV 7 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Chaffee — Length of stay in 1b: 8 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 418 Black St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Scott
c. CITY OR TOWN: Chaffee — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 418 Black St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Etta Middle Francis Last Tidwell
4. DATE OF DEATH: Month Oct. Day 21, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-19-92
9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months 4 Days 2 — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: Household
11. BIRTHPLACE (City and state or country): Cape Girardeau Mo. County
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Milfred G. Tidwell
13b. MOTHER'S MAIDEN NAME: Charity Ann Tilley
14. NAME OF HUSBAND OR WIFE: Never Married
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.: None
17. INFORMANT: Leonard Tidwell, Address R-1 Advance, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive Heart failure — 3 day
DUE TO (c): Hypertensive Heart Disease — 2 year.
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

MEDICAL CERTIFICATION

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 a.m. p.m. Month, Day, Year
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 10/15/62, to 10/21/62 and last saw her alive on 10/21/62
Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth D. Bess Do.
22b. ADDRESS: Chaffee Mo.
22c. DATE SIGNED: 10/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-23-62
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Fairview
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Co., Mo

24. FUNERAL DIRECTOR — ADDRESS: Wm. H. Morgan, Advance, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 3 1962
26. REGISTRAR'S SIGNATURE: Mrs Fred Bispling Hopp

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.