

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## =62-041801

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 5443 Registrar's No. 1138

**FILED NOV 29 1962**

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	
Rev. 4/59					
6/20					
8/28					
3					
4 1					
5 1					
6					
7 0					
8 2					
9 X	BY AFFIDAVIT OF	SHOULD READ	TYPEWRITER RIBBON	OR	USE BLACK INK
10 21					
11 612					
12 91-3					
13 1-0					

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. - If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Length of stay in 1b <u>3 yr.</u>		c. CITY OR TOWN <u>Poplar Bluff</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Butler Co., Mo. Hy 67</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>935 Lester</u>	
3. NAME OF DECEASED (Type or print) First <u>Marie</u> Middle <u>Gladys</u> Last <u>Mineart</u>			4. DATE OF DEATH Month <u>11</u> Day <u>16</u> Year <u>62</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-22-11</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleslady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stanley Products</u>		11. BIRTHPLACE (City and state or country) <u>Lydonia, Mo.</u>	
13a. FATHER'S NAME <u>George Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Mineart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Robert Adolphson, Aledo, Ill.</u> 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) <u>Traumatism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Automobile accident</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 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 INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>					
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.) <u>Automobile collision</u>	
20c. TIME OF INJURY Hour <u>6 PM</u> a.m. p.m. Month, Day, Year <u>11-16-62</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Public Hiway</u>	
20f. CITY, TOWN, OR LOCATION <u>Butler</u>		COUNTY <u>Mo.</u>		STATE <u>Mo.</u>	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <u>7:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Greer Croy</u> (Degree or title) <u>Coroner</u>			22b. ADDRESS <u>Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>11-19-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-19-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		23d. LOCATION (City, town, or county) (State) <u>New London, Iowa</u>
24. FUNERAL DIRECTOR <u>Greer Croy &amp; Fitch, Poplar Bluff Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11/26/1962</u>	26. REGISTRAR'S SIGNATURE <u>Shelma Graham</u>

NOV 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 Philip J. Cassely

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.