

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046047

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 51423 Primary Registration District No. 5142 Registrar's No. 1243

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 14 1963

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neelyville		Length of stay in 1b 20 years	c. CITY OR TOWN Neelyville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hattie Middle Chatman Last Chatman		4. DATE OF DEATH 12 Month 26 Day 62 Year	
5. SEX F	6. COLOR OR RACE N	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-28-00 9. AGE (last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Halton, Miss 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charlie Williams		13b. MOTHER'S MAIDEN NAME Julia Ann Ross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Julia Abbington Neelyville,		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) Acute Coronary Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Advancing Age Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Minutes 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input 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.)
20f. CITY, TOWN, OR LOCATION Neelyville, Mo.		COUNTY Butler STATE Mo.	
21. I attended the deceased from Feb. 8, 1961 to Dec. 26, 1962 and last saw her her alive on Dec. 26, 1962 Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. Smith, D.O. (Degree or title)		22b. ADDRESS Neelyville, Mo.	
22c. DATE SIGNED 1-7-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Bury	23b. DATE 1-7-63	23c. NAME OF CEMETERY OR CREMATORY Neelyville	23d. LOCATION (City, town, or county) (State) Neelyville, Mo.
24. FUNERAL DIRECTOR Lee-People F. H. Poplar Bluff ADDRESS		25. DATE RECD. BY LOCAL REG. 1-11-1963	26. REGISTRAR'S SIGNATURE Thelma Graham

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF

VS 300 Rev. 4/59
 1220
 2120
 3
 4 3
 5 6
 6
 7 1
 8 2
 94200
 10
 11
 12 90-2
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

JAN 16 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

Willie R. Dennis

Licensed Embalmer No. 5129

P. O. Address

Charleston, S.C.

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.