

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046080

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1212

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 2 1962

1. PLACE OF DEATH
 a. COUNTY Butler
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in 1b 1 Hr.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Butler
 c. CITY OR TOWN Fagus Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Box 36 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lester Middle Wayne Last Miskle 4. DATE OF DEATH Month Dec. Day 20 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-7-47 9. AGE (last birthday) 15 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 Student 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ernest Miskle 13b. MOTHER'S MAIDEN NAME Jewell Battles 14. NAME OF HUSBAND OR WIFE None

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 Address Ernest Miskle, Fagus, 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) 7ulminating peritonitis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) perforated appendix
 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.) _____

20c. TIME OF INJURY Hour _____ 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 20 Dec 1962 to 20 Dec 62 and last saw ^{her}him alive on 20 Dec 62
 Death occurred at 1145 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kornel H St Wrenne 22b. ADDRESS Poplar Bluff, Mo 22c. DATE SIGNED 12/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-22-62 23c. NAME OF CEMETERY OR CREMATOR Quilin Cemetery 23d. LOCATION (City, town, or county) Quilin, Mo (State) _____

24. FUNERAL DIRECTOR Lloyd Russell, Piggott, Ark. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 12-27-1962 26. REGISTRAR'S SIGNATURE Thelma [Signature]

VS 300 Rev. 4/59
 10128
 20120
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 4 0
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 11
 12 4-0
 13 1-0

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

USE BLACK INK OR TYPEWRITER RIBBON

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 *Me* _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Herald W. Hoggins* _____

Licensed Embalmer No. *1116 Ark*
P. O. Address *Figgall*

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.