MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-047717
STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 44

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0671
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4 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: EAST Prairie
Length of stay in Ib: 4 mo. 24 D.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 811 mitchell ST.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: missouri
b. COUNTY: mississippi
c. CITY OR TOWN: EAST Prairie
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 811 mitchell
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Shelia Middle: mae Last: Brock

4. DATE OF DEATH: Month: Dec. Day: 8 Year: 1962

5. SEX: Female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-14-1962

9. AGE (last birthday): IF UNDER 1 YEAR: Months 4 Days 24; IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): EAST Prairie mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: melvin Brock

13b. MOTHER'S MAIDEN NAME: Bessie Lee Buttery

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):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: melvin Brock, Address: EAST Prairie mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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 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 12-7-62, to 12-8-62 and last saw her alive on 12-8-62
Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Albert L. Wheeler, M.D.

22b. ADDRESS: East Prairie Mo.

22c. DATE SIGNED: 12-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-9-1962

23c. NAME OF CEMETERY OR CREMATORY: W.O.W Cemetery

23d. LOCATION (City, town, or county) (State): EAST Prairie mo.

24. FUNERAL DIRECTOR: Travis Shelby, ADDRESS: EAST Prairie mo.

25. DATE RECD. BY LOCAL REG.: 12-28-1962

26. REGISTRAR'S SIGNATURE: Dora Fitzgibbens

(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_____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 4940

P. O. Address _____

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.