

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049214

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 322 Primary Registration District No. 4495- Registrar's No. 59

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 8 1963

VS 300
Rev. 4/59

1 1000
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Scott City</u>		Length of stay in 1b <u>8 yrs.</u>	c. CITY OR TOWN <u>Scott City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E.C. Gibson home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>_____</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>ETTIE</u> Middle <u>ELIZABETH</u> Last <u>DANIELS</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>16</u> Year <u>1962</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 14 1895</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	11. BIRTHPLACE (City and state or country) <u>Elizabeth town, Ill</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Jos. A. Graham</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Joiner</u>	14. NAME OF HUSBAND OR WIFE <u>Tom Daniels (Deed)</u>
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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. <u>None</u>	17. INFORMANT <u>Mrs. E.C. Gibson</u>	Address <u>Scott City, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		<u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardiovascular renal disease</u>	<u>5 years</u>
	DUE TO (c) <u>diabetes</u>	<u>10 years</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>senility</u>		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 <u>_____</u>	COUNTY <u>_____</u>	STATE <u>_____</u>
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21. I attended the deceased from Jan 1952 to Nov 30, 1962 and last saw her alive on Nov 30, 1962
Death occurred at 5:40 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>George W. England D.O.</u>	(Degree or title)	22b. ADDRESS <u>46 N Main Cape Girardeau Mo</u>	22c. DATE SIGNED <u>12/29/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-18-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	23d. LOCATION (City, town, or county) <u>Cape Girardeau, Mo.</u>
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24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME</u>	ADDRESS <u>Illmo, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 4-1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Fred Bisplinghoff</u>
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USE BLACK INK OR TYPEWRITER RIBBON

1961 OCT 11

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 Oliver C. Smith

Licensed Embalmer No. 4470

P. O. Address Belmo, Me

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.