

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000515

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Primary Registration District No. 3007 Registrar's No. 1278

FILED JAN 31 1963

VS 300
Rev. 4/59

0128
21030

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4 2
5 1
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977X

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12 5-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STODDARD		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 11 DAYS	c. CITY OR TOWN PAINTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in-hospital, give location) HOSPITAL OR INSTITUTION VA. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS RT # 1 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle NMN Last SORRELS			4. DATE OF DEATH Month JAN Day 21 Year 1963		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-25-93	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) CRINSHAW MISS	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEORGE SORRELS		13b. MOTHER'S MAIDEN NAME BETTY DAVIS		14. NAME OF HUSBAND OR WIFE CHARLOTTE SORRELS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address VA. HOSPITAL RECORDS, POPLAR BLUFF, MO.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CANCER OF THE BRAIN ADENOCARCINOMA OF THE PROSTATE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) [REDACTED] DUE TO (c) [REDACTED]			INTERVAL BETWEEN ONSET AND DEATH --- --		
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. <input type="checkbox"/> Yes <input 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 a.m. 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		COUNTY	STATE
21. I attended the deceased from JAN 10, 1963 to Jan 21, 1963 and last seen alive on Death occurred at 9:50PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert S. Cohen (Degree & title) ROBERT S. COHEN M.D. Chief, Med. Scv.			22b. ADDRESS VA. HOSPITAL POPLAR BLUFF, MO.		22c. DATE SIGNED 1-22-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-22-63	23c. NAME OF CEMETERY OR CREMATORY Bell City Cem.		23d. LOCATION (City, town, or county) Bell City, Mo.	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 1-28-1963	26. REGISTRAR'S SIGNATURE Melba Graham

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 Edgar W. Laffoon
Licensed Embalmer No. 5394

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.