

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-004971

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 5

FILED JAN 9 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Washington		b. CITY (If outside corporate limits, give TOWNSHIP only) Potosi		a. STATE Mo. b. COUNTY Washington	
b. CITY OR TOWN Potosi		Length of stay in 1b 16 years		c. CITY OR TOWN Potosi	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 905 Dunklin St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 905 Dunklin	
3. NAME OF DECEASED (Type or print) First Middle Last Hattie Mae Eye			4. DATE OF DEATH Month Day Year January 3, 1963		
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-21-1882	9. AGE (last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and state or country) Shirley, Mo.	
13a. FATHER'S NAME W.P. Cole		13b. MOTHER'S MAIDEN NAME Elizabeth Walton		14. NAME OF HUSBAND OR WIFE Ed Eye	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date) no			17. INFORMANT Ed Eye, 905 Dunklin St., Potosi		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Intertrochanteric Fracture Left Femur 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 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 September 1, 1961 to January 3, 1963 and last saw her alive on January 3, 1963 . Death occurred at 11 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edward Lake DO		22b. ADDRESS Potosi, Missouri		22c. DATE SIGNED Jan 5 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-6-63		23c. NAME OF CEMETERY OR CREMATORY Old Masonic	
23d. LOCATION (City, town, or county) Potosi, Mo.		24. FUNERAL DIRECTOR Donald Sparks		25. DATE RECD. BY LOCAL REG. 1/5/63	
24. ADDRESS Potosi, Mo.		26. REGISTRAR'S SIGNATURE Nelson K... [Signature]			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 1101
2 1101
3
4 1
5 1
6
7 0
8 0
9
10 110
11 110
12 90-2
13 1-0

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 14 1963

STATE OF ILLINOIS

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 Ronald Sparks

Licensed Embalmer No. 4819

P. O. Address Polosi, 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.