

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005491

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1306

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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6128

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 18 1963	
1. PLACE OF DEATH	
a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff	a. STATE Missouri b. COUNTY Butler
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital	Length of stay in 1b Years
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff
	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) 835 Kinzer St.
	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last MONT E. SQUIRES	Month Day Year January 25, 1963
5. SEX Male	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 9/12/1879
	9. AGE (last birthday) 83
	IF UNDER 1 YEAR Months 4 Days 13 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman	10b. KIND OF BUSINESS OR INDUSTRY Retired
	11. BIRTHPLACE (City and state or country) Steelville, Mo.
	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME JOHN A. SQUIRES	13b. MOTHER'S MAIDEN NAME Margaret Hargrove
	14. NAME OF HUSBAND OR WIFE Mrs. Lutrisha Squires
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. [REDACTED]
	17. INFORMANT Address Miles E. Squires, Poplar Bluff, Mo
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Cerebral Vascular Accident	
DUE TO (b) Arteriosclerosis	
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. <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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.	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 COUNTY STATE	
21. I attended the deceased from 12-21-62 to 1-25-63 and last saw her him alive on 1-25-63 . Death occurred at 4 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS M. Poplar Bluff, Mo.
	22c. DATE SIGNED 1-29-63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
Burial	1/26/1963
23c. NAME OF CEMETERY OR CREMATORY Machrone Cemetery	
23d. LOCATION (City, town, or county) (State) Grandin, Missouri.	
24. FUNERAL DIRECTOR RANK-COTRELL CHAPEL, Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 2-15-1963
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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STATEMENT BY LICENSED EMBALMER

3-E

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. Taylor*

Licensed Embalmer No. 3394

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.