

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011082

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 4

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 1 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> (Better Lanier)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Senath</u>		Length of stay in 1b <u>61 yrs.</u>	c. CITY OR TOWN <u>Senath</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 2</u>
3. NAME OF DECEASED (Type or print). First <u>Maggie</u> Middle <u>Retter</u> Last <u>Lanier</u>		4. DATE OF DEATH Month <u>March</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/12/1876</u>
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	9. AGE (last birthday) <u>86</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>17</u> IF UNDER 24 HR: Hours <u></u> Min. <u></u>
11a. FATHER'S NAME <u>Cornelos Smith Brown</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Jo Wood</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of serv)		12b. SOCIAL SECURITY NO. <u></u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of serv)		14b. SOCIAL SECURITY NO. <u></u>	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		15. BIRTHPLACE (City and state or country) <u>Paragould, Ark.</u>	
16. FATHER'S NAME		16. MOTHER'S MAIDEN NAME	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of serv)		17. SOCIAL SECURITY NO. <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u>		18. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Complete Heart block</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-2 months</u>	
DUE TO (c) <u>Long standing Arterio-sclerotic Heart</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Extreme hypotension - Mal-Nourishment</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	
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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>			
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 <u>26 Mar 1963</u> to <u>29 Mar 1963</u> and last saw her alive on <u>29 Mar 1963</u> . Death occurred at <u>3 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>O J Swafford Jr M.D.</u>		22b. ADDRESS <u>Senath Mo</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Lanier Family Cemetery</u>		22d. LOCATION (City, town, or county) <u>Senath Missouri</u>	
22e. DATE <u>3/31/1963</u>		22f. REGISTRAR'S SIGNATURE <u>Dna. Pat Cook</u>	
23a. BURL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/31/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lanier Family Cemetery</u>		23d. LOCATION (City, town, or county) <u>Senath Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>McDaniel Funeral Service, Senath, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>March 29, 1963</u>	

MAY 23 1963

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 Benny D. Bradshaw, Student Embalmer No. 257
working under my personal supervision.

Students Benny D. Bradshaw
Signature of Student Embalmer

Signed Thomas C. Rookwood

Licensed Embalmer No. 4857

P. O. Address Kennett, 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.