

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-018730

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 6113 Registrar's No. 106

FILED APR 23 1963

VS 300
Rev. 4/59

1 1000

2 0168

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12 91-5

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL Scott Co. Mo.		c. CITY OR TOWN Cape Girardeau	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. E. of Benton, Mo.		d. STREET ADDRESS (If outside, give location) 1629 N. Spanish	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Franklin Last Aaron		4. DATE OF DEATH Month April Day 13 Year 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 9-18-1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Construction	9. AGE (last birthday) 53
11. BIRTHPLACE (City and state or country) Neelyville, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Aaron		13b. MOTHER'S MAIDEN NAME Mollie Lee	
14. NAME OF HUSBAND OR WIFE Beulah Berry Aaron		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service) YES WW II	
16. SOCIAL SECURITY NO. 491-18-7173		17. INFORMANT Beulah Aaron Cape Gir., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis - (while at work) DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 hour.
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 checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Cape Girardeau, Mo.	
21. I attended the deceased from 1st. call after death and last saw her/him alive on 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Thelma C. Buckner, M.D. Health Officer	
22b. ADDRESS 612 Taylor Ave - Sikeston, Mo.		22c. DATE SIGNED 4-17-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-15-1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Cape Girardeau, Mo.	
24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. April 20 - 1963	
26. REGISTRAR'S SIGNATURE Jeanette Waldman			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 23 1963

No Embalmed returned

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 W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, 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.