

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-018741**

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 110

**FILED MAY 1 1963**

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MISSISSIPPI</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SIKESTON</b>		c. CITY OR TOWN <b>EAST PRAIRIE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. DELTA COMMUNITY HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>302 S. CENTER</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>FUSSELL</b> Last <b>FUSSELL</b>			4. DATE OF DEATH Month <b>4</b> Day <b>21</b> Year <b>63</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-16-1922</b>	9. AGE (last birthday) <b>40</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>5</b>	IF UNDER 24 HR Hours <b>5</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Motor Sales</b>	11. BIRTHPLACE (City and state or country) <b>Huffman, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>James C. Fussell</b>	13b. MOTHER'S MAIDEN NAME <b>Ollie Clem</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Fussell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT <b>Dorothy Fussell, East Prairie, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>AMYOTROPIC LATERAL SCLEROSIS app. 8 mo.</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ 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	
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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.)
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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 <b>4.21.63</b>	COUNTY	STATE
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21. I attended the deceased from <b>4.21.63</b> to <b>4-21-63</b> and last saw <b>him</b> alive on <b>4-21-63</b> Death occurred at <b>10:15 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Carl G. Popp-Me</b> (Degree or title)	22b. ADDRESS <b>SIKESTON</b>	22c. DATE SIGNED <b>4-22-63</b>
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23a. BURIAL, CREMATION; REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-24, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>W.O.W. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>East Prairie, Missouri</b>
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24. FUNERAL DIRECTOR <b>Travis Shelby, East Prairie, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 25 - 1963</b>	26. REGISTRAR'S SIGNATURE <b>Jeanette Waldman</b>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 17 1963

JUN 25 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Frank Shelby

Licensed Embalmer No. 2756

P. O. Address East Prairie, 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.

Permit issued April 24 1963