

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019347

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 283

FILED JUN 10 1963

VS 300
Rev. 4/59

1 0168

2 0168-

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4 1

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u>		c. CITY <u>Street</u> <u>1107 Cousin</u>	
Length of stay in 1b <u>40 yr.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1307 Cousin</u>		d. STREET (If outside, give location) <u>City Cape Girardeau Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Cora</u> Middle <u>Estelle</u> Last <u>Yount</u>		4. DATE OF DEATH Month <u>June</u> Day <u>2</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-27-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Worked at the Roth Tobacco Co. 21 yr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Whitewater Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>J Alexander Proffer</u>		14. NAME OF HUSBAND OR WIFE <u>W A Yount</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <u>no</u>		17. INFORMANT <u>W.A Yount Cape Girardeau Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
DUE TO (b) <u>Coronary Thrombosis</u>		<u>10 minutes</u>	
DUE TO (c) <u>Arteriosclerosis, generalized</u>		<u>5 years</u>	
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 checked="" 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 <u>1:00 A.M.</u> Month, Day, Year <u>Feb. 1953</u>		20f. CITY, TOWN, OR LOCATION <u>June 2, 1963</u> COUNTY STATE	
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.)	
21. I attended the deceased from <u>Feb. 1953</u> to <u>June 2, 1963</u> and last saw her alive on <u>June 2, 1963</u> Death occurred at <u>1:00 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>6-4-63</u>	
22a. SIGNATURE (Degree or title) <u>Edward O Campbell</u> M.D.		22b. ADDRESS <u>Cape Girardeau, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-5-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bark's Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Whitewater Mo.</u>
24. FUNERAL HOME FOR HOWELL <u>Cape Gir Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-5-63</u>	26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>

USE BLACK INK OR TYPEWRITER RIBBON

JUN 20 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 Neil H. Groscheider

Licensed Embalmer No. 4984

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.

TAKEN TO DR. CANADIAN