

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-020929

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 101
FILED JUN 3 1963 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u> Length of stay in lb <u>10 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot Memorial Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u> c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>202 E. 14th Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jettie</u> Middle <u>Myrtle</u> Last <u>Anderson</u>		4. DATE OF DEATH Month <u>May</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/16/08</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (City and state or country) <u>Caruthersville, Mo. U.S.A.</u>
13a. FATHER'S NAME <u>George Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie L. Ray</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-07-5349</u>	17. INFORMANT <u>Pemiscot Mem. Hosp Hayti, Mo.</u> Address
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>Atrial Fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Rheumatic Fever</u> DUE TO (c) <u>Bronchopneumonia</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			INTERVAL BETWEEN ONSET AND DEATH <u>34 years</u> <u>34 years</u>
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>5:19</u> a.m. <u>10 PM</u> Month, Day, Year <u>May 6 1963</u> to <u>May 18 1963</u> and last saw <u>her</u> alive on <u>May 17</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.) <u>Caruthersville, Mo.</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>May 6 1963</u> to <u>May 18 1963</u> and last saw <u>her</u> alive on <u>May 17</u> 10 PM Death occurred at <u>5:19</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James C. Blumhardt, M.D.</u>		22b. ADDRESS <u>Caruthersville, Mo.</u>	22c. DATE SIGNED <u>5-20-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/20/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>
24. FUNERAL DIRECTOR <u>LaForge Untkg Co Caruthersville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-23-63</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 13 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

John E. Seane

Licensed Embalmer No.

3941

P. O. Address

Countryside, 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.