

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023401

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 8607

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. Length of stay in 1b		c. CITY OR TOWN Poplar Bluff, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 323 North "C" Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CASSIE Middle ABSHEER Last ABSHEER			4. DATE OF DEATH Month 6 Day 19 Year 1963			
5. SEX Female	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 1-8-1905	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - -		11. BIRTHPLACE (City and state or country) Wayne County, Mo.		
13a. FATHER'S NAME J. G. Meador (d)		13b. MOTHER'S MAIDEN NAME Mary Julian (d)		14. NAME OF HUSBAND OR WIFE Charles R. Absheer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mo. Charles R. Absheer, Poplar Bluff,	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Failure DUE TO (c) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
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. Month, Day, Year _____		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		STATE

21. I attended the deceased from 6-19-63 to 6-19-63 and last saw her ^{him} alive on 6-19-63. Death occurred at 8:45 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Poplar Bluff, Mo 22c. DATE SIGNED 6-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6-21-63** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Gardens** 23d. LOCATION (City, town, or county) **Poplar Bluff, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Greer Croy & Fitch Funeral Home** 25. DATE RECD. BY LOCAL REG. **6/27/1963** 26. REGISTRAR'S SIGNATURE [Signature]

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 1 0128
 2 0128
 3
 4 1
 5 1
 6
 7 0
 8 0
 9 4201
 10
 11
 12 3-0
 13 1-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUL 12 1963

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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 James Gray Soaper, Student Embalmer No. 687
working under my personal supervision.

Student James Gray Soaper
Signature of Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Caplan Bluff, 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.