

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023511

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 311

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 2 1963

1. PLACE OF DEATH
a. COUNTY Cape Girardeau

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY --

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau Length of stay in 1b 2 days

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South East Missouri Hosp Inside Limits Yes No

d. STREET ADDRESS 1108 Bates (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First VELMA Middle BRYDON Last BRYDON

4. DATE OF DEATH Month June Day 23 Year 1963

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 3-11-1907 9. AGE (last birthday) 56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vocational Counselor 10b. KIND OF BUSINESS OR INDUSTRY State Govt 11. BIRTHPLACE (City and state or country) Puxico, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Doc Brydon 13b. MOTHER'S MAIDEN NAME Maude Walter 14. NAME OF HUSBAND OR WIFE ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. --- 17. INFORMANT Mrs. Maude Brydon 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) Stokes-Adams Syndrome
DUE TO (b) Cardiac Standstill
DUE TO (c) ---
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) --- 20f. CITY, TOWN, OR LOCATION --- COUNTY --- STATE ---

21. I attended the deceased from 6/21/63 to 6/23/63 and last saw her alive on 6/23/63. Death occurred at --- m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles H. Hester MD 22b. ADDRESS Cape Gir. Mo 22c. DATE SIGNED 6/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 25, 1963 23c. NAME OF CEMETERY OR CREMATORY North Antioch 23d. LOCATION (City, town, or county) Bloomfield, Missouri

24. FUNERAL DIRECTOR Chiles Undertaking Co., Bloomfield, Mo. 6-28-63 ADDRESS --- 25. DATE RECD. BY LOCAL REG. --- 26. REGISTRAR'S SIGNATURE Gene Kasten

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300 Rev. 4/59
1 0168
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USE BLACK INK OR TYPEWRITER RIBBON

FILED IN CASE NO. 1963
JUL 27 1963
MISSOURI

AUG 30 1963
MISSOURI

24. Louis
1108 Bates

South East Missouri Hosp x

1963

3-11-1967

F

Location (number) 1000
State (name) 1000
Name (number) 1000
1000-35-2000
Mrs. Lulu Cooper
1000

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,

by Lulu Cooper and Ivan C. Cooper Student Embalmer No. 3499
3499 4119

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lulu Cooper

Licensed Embalmer No. 3499

P. O. Address Bloomfield, 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.

3499

Missouri

Missouri