

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027429

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1654

FILED JUL 16 1963

VS 300
Rev. 4/59

1 0128
2 0190
3
4 0
5 1
6
7 1
8 1
9 9540.0
10
11
12 5.0
13 1-7

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CARTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 7 DAYS	c. CITY OR TOWN VAN BUREN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LAWRENCE Middle EVEARD Last HOSACK		4. DATE OF DEATH Month JULY Day 4 Year 1963	
5. SEX MALE	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 10-14-95
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY MERCHANT	11. BIRTHPLACE (City and state or country) DETROIT, MICHIGAN
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME GEORGE N. NELSON	
13b. MOTHER'S MAIDEN NAME BARBARA HENRY		14. NAME OF HUSBAND OR WIFE PAULINE HOSACK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	
17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)	
IMMEDIATE CAUSE (a) IRREVERSIBLE SHOCK		INTERVAL BETWEEN ONSET AND DEATH ----	
DUE TO (b) GASTRO-INTESTINAL BLEEDING		----	
DUE TO (c) MARGINAL PEPTIC ULCERATION		----	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PERFORATION OF GASTRO-JEJUNAL ANASTOMOSIS		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	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 Month, Day, Year a.m. p.m.		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 COUNTY STATE	
21. VA attended the deceased from June 26, 1963 to July 4, 1963 and last saw him alive on July 4, 1963 Death occurred at 11:15 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) DAVID MITTER, M.D., Acting Pathologist	
22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		22c. DATE SIGNED 7-4-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 6 1963	23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery	
23d. LOCATION (City, town, or county) (State) Doniphan, Mo.		24. FUNERAL DIRECTOR McSpadden Funeral Home, Van Buren Mo.	
25. DATE REC'D BY LOCAL REG. 7/10/1963		26. REGISTRAR'S SIGNATURE <i>Shelma Graham</i>	

USE BLACK INK OR TYPEWRITER RIBBON

STATE

COUNTY

CITY

DECEASED

BY

DATE

DECEASED

DATE

SEX

RACE

AGE

RESIDENCE

SSN

DATE OF BIRTH

DATE OF DEATH

TIME

CAUSE OF DEATH

PLACE OF DEATH

PLACE OF BURIAL

DATE OF BURIAL

DECEASED'S NAME

DECEASED'S ADDRESS

DECEASED'S CITY

DECEASED'S STATE

DECEASED'S ZIP

DECEASED'S COUNTY

STATE OF MISSOURI

STATEMENT BY LICENSED EMBALMER

STATE OF MISSOURI

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 Allen C. McJordan

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.