

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027447

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1662 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300
 Rev. 4/59

1 0128
 2 0130
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 4 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUL 22 1963

a. COUNTY Butler

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in lb 3 days

c. CITY OR TOWN Poplar Bluff Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 67 South Residence on Farm Yes No

3. NAME OF DECEASED First Middle Last (Type or print) TINA DIANNE VESTER

4. DATE OF DEATH Month Day Year June 20, 1963

5. SEX Female **6. COLOR OR RACE** White **7. Married** **Never Married** **Widowed** **Divorced**

8. DATE OF BIRTH 6/17/63 **9. AGE** (last birthday) 3 **IF UNDER 1 YEAR** Months 3 **IF UNDER 24 HR** Hours 0 Min. 0

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

13a. FATHER'S NAME Lendel Vester **13b. MOTHER'S MAIDEN NAME** Juanita Stephens **14. NAME OF HUSBAND OR WIFE** - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** [redacted] **17. INFORMANT** Lendel Vester, Poplar Bluff, Mo. Address - - - - -

18. CAUSE OF DEATH (Enter only one cause per line) **PART I. DEATH WAS CAUSED BY:**

IMMEDIATE CAUSE (a) Hyaline Membrane **INTERVAL BETWEEN ONSET AND DEATH** 3 days

DUE TO (b) Had a strain of cord - mother

DUE TO (c) also had endometritis

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 Birth to Death and last saw her alive on 6/29/63
 Death occurred at 6:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William J. [Signature] **22b. ADDRESS** Poplar Bluff, Mo. **22c. DATE SIGNED** 7-8-63

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) (State) Poplar Bluff, Mo.

24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff, Mo. **25. DATE RECD. BY LOCAL REG.** 7/15/1963 **26. REGISTRAR'S SIGNATURE** [Signature]

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 Charles E. Mungler

Licensed Embalmer No. 4877

P. O. Address Poplar 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.

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