

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027791

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 30

FILED AUG 14 1963

VS 300
Rev. 4/59

10350

20350

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1286-0

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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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Campbell</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Baptist Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Cardwell</u> d. STREET ADDRESS (If outside, give location) <u></u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HULDAH ANNIE ABBOTT</u>		4. DATE OF DEATH Month Day Year <u>Aug. 5, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>9/25/1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
13a. FATHER'S NAME <u>Owen Ramsay</u>		13b. MOTHER'S MAIDEN NAME <u>Maudie McCollum</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>None</u>	
17. INFORMANT <u>Wayne Abbott</u>		17. ADDRESS <u>Hornersville Missouri</u>	
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>CEREBRAL HEMORRHAGE, ACUTE</u> DUE TO (b) <u>CEREBRAL HEMORRHAGE, OLD</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u> PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u> <u>6 MONTHS</u>	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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 <u>24 JULY 1963</u> to <u>5 AUGUST 63</u> and last saw her alive on <u>5 AUGUST 63</u> Death occurred at <u>745 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles L. Williams M.D.</u>		22b. ADDRESS <u>MALDEN, MO.</u>	
22c. DATE SIGNED <u>8/6/63</u>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-7-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		23d. LOCATION (City, town, or county) <u>Violet Hill Arkansas</u>	
24. FUNERAL DIRECTOR <u>Howard Funeral Service Leachville Ark.</u>		25. DATE RECD. BY LOCAL REG. <u>8-10-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Hulda Campbell</u>			

AUG 20 1963

FEB 18 1964

FEB 18 1964

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 _____

W. J. Howard

Licensed Embalmer No. 3959

P. O. Address Bayville, Ark.

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.