

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029250

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 51

STATE FILE NUMBER

FILED JUL 16 1963

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton, Mo		Length of stay in 1b life	c. CITY OR TOWN Ravanna, 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 Axtell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Ravanna, Mo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Thankful W. Satterfield			4. DATE OF DEATH Month Day Year July 11, 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 9-20-1880
9. AGE (last birthday) 82		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) retired postmaster		10b. KIND OF BUSINESS OR INDUSTRY Mercer Co, MO	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John D. Weaver		13b. MOTHER'S MAIDEN NAME Lucinda Snyder	14. NAME OF HUSBAND OR WIFE John W. Satterfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address J. W. Satterfield Ravanna Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Suspicion of malignancy -abdominal			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 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 type="checkbox"/>	20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Princeton, Mo.	COUNTY Mercer STATE Missouri
21. I attended the deceased from Nov. 1959 to 7-11-63 and last saw her/him alive on 7-11-63 Death occurred at 7:40 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Douglas C. Pearson M.D.</i>		22b. ADDRESS Princeton, Mo.	22c. DATE SIGNED 7-12-63
23a. BURIAL, CREMATION, etc. Burial	23b. DATE July 13, 1963	23c. NAME OF CEMETERY OR CREMATORY Ravanna	23d. LOCATION (City, town, or county) Ravanna, Mo (State)
24. FUNERAL DIRECTOR Noel Moss ADDRESS Princeton, Mo		25. DATE RECD. BY LOCAL REG. 7-12-63	26. REGISTRAR'S SIGNATURE <i>Noel Moss</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

3	DATE AMENDED
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USE BLACK INK OR TYPEWRITER RIBBON

SEP 11 1963

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 Neil Mast

Licensed Embalmer No. 2634

P. O. Address Quincy 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.

Permit obtained 7-12-63 N.M.