MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039085
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1857

FILED NOV 4 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0128
2 0167
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4 0
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12 5-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Length of stay in 1b: 1 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CAPE GIRARDEAU
c. CITY OR TOWN: CAPE GIRARDEAU — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 405 SOUTH ELLIS STREET — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: VIRGIL Middle: LEE Last: HANEY
4. DATE OF DEATH: Month: OCTOBER Day: 29 Year: 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 11-19-00
9. AGE (last birthday): 62 — 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): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: TRUCK DRIVER
11. BIRTHPLACE (City and state or country): BARLOW, TEXAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: MILTON HANEY
13b. MOTHER'S MAIDEN NAME: ADA HAWKINS
14. NAME OF HUSBAND OR WIFE: ------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT: VA HOSPITAL RECORDS Address: POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: ---
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): RECENT MYOCARDIAL INFARCTION — ---
DUE TO (c): CORONARY OCCLUSION — ---
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): HEMOPERICARDIAL EFFUSION
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 10-29-63 to 10-29-63 and last saw him alive on
Death occurred at 5:14 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: DAVID K. MILLER, M.D. (Degree or title) Acting Pathologist
22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED: 10-30-63
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Nov. 1, 1963
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEMETERY
23d. LOCATION (City, town, or county) (State): CAPE GIRARDEAU, MISSOURI
24. FUNERAL DIRECTOR: BISPLINGHOFF FUNERAL HOME ADDRESS: CHAFFEE, MO.
25. DATE RECD. BY LOCAL REG.: 11-1-1963
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.