

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040961

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 282

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

STATE FILE NUMBER

133

FILED OCT 29 1963

|                 |              |  |            |          |
|-----------------|--------------|--|------------|----------|
| VS 300          | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT |
| Rev. 4/59       |              |  |            |          |
| 1 OR 4          |              |  |            |          |
| 2 OR 40         |              |  |            |          |
| 3               |              |  |            |          |
| 4 1             |              |  |            |          |
| 5 1             |              |  |            |          |
| 6               |              |  |            |          |
| 7 0             |              |  |            |          |
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| 9 442 X         |              |  |            |          |
| 10              |              |  |            |          |
| 11              |              |  |            |          |
| 12 90.0         |              |  |            |          |
| 13 10           |              |  |            |          |
| BY AFFIDAVIT OF | ITEM NO.     | SHOULD READ                              |            |          |

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Polk</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Polk</b>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Brighton</b>   |  | Length of stay in 1b  | c. CITY OR TOWN <b>Brighton</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Home in Brighton</b>   |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Brighton</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>SAREPTIA DORA CHOATE</b>  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>October 18 1963</b>  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><b>Aug. 24 1885</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Homemaker</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Polk County, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  | 13. FATHER'S NAME<br><b>William S Cook</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Margaret F Cates</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Wilson F Choate</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |  | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  |  |
| 17. INFORMANT<br><b>Wilson F. Choate, Brighton Mo</b>  |  | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardio-vascular-renal disease</b>   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Chronic emphysema</b>  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour a.m. p.m.<br>Month, Day, Year  |  | 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. I attended the deceased from <b>Jan. 1954</b> to <b>Oct. 15 '63</b> and last saw her <b>alive</b> on <b>Oct. 17 '63</b><br>Death occurred at <b>7:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE (Deceased or title)<br><b>W. J. Samuel, M.D.</b>  |  | 22b. ADDRESS<br><b>MORRISVILLE, Mo</b>  |  |
| 22c. DATE SIGNED<br><b>Oct. 19 '63</b>   |  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Oct 20 1963</b>        | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Brighton Cemetery BRIGHTON</b>   |  |
| 23d. LOCATION (City, town, or county)<br><b>MO.</b>  |  |   |  |
| 24. FUNERAL DIRECTOR<br><b>Lidney J. Pitts, Bolivar Mo</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>Oct. 23, 1963</b>  |  |
| ADDRESS  |  | 26. REGISTRAR'S SIGNATURE<br><b>Ralph Gordon per J. G.</b>  |  |

USE BLACK INK OR TYPEWRITER RIBBON

NOV 1 1963

Permit renewed Oct 20, 1963 J.H.

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 *Sidney J. Pitts*

Licensed Embalmer No. 4939

P. O. Address Bol. 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.