

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047208

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1960

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 30 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
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1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 83 DAYS	c. CITY OR TOWN PARAGOULD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 700 LAKE STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MILLARD Middle HENRY Last MOORE			4. DATE OF DEATH Month DECEMBER Day 17 Year 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Sepr.	8. DATE OF BIRTH 7-3-16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY LABORER	9. AGE (last birthday) 47 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11a. FATHER'S NAME HENRY MOORE		11b. MOTHER'S MAIDEN NAME SADIE SEALF	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW II		13. SOCIAL SECURITY NO. VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA DUE TO (b) AORTIC INSUFFICIENCY DUE TO (c) CHRONIC RENAL DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			15. NAME OF HUSBAND OR WIFE ----- INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES 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.	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 9-25-63 to 12-17-63 and last saw him alive on 12-17-63 Death occurred at 9:10 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) FRED CARROLL, M.D., Pathologist		22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 12-17-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-17-1963	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	23d. LOCATION (City, town, or county) (State) LORADO ARKANSAS
24. FUNERAL DIRECTOR ADDRESS GREGG FUNERAL HOME, JONESBORO, ARK.		25. DATE RECD. BY LOCAL REG. 12-28-63	26. REGISTRAR'S SIGNATURE Delma Graham

GREENE
 PARAGUAY
 LAND STREET
 DECEMBER 11, 1935
 U. S. A.

BUTLER
 REPUBLIC SQUARE
 VA HOSPITAL
 MILLARD
 WHITE
 LABORER
 HENRY POOLE
 VA HOSPITAL RECORDS, REPUBLIC SQUARE, MO.

PULMONARY EDEMA
STATEMENT BY LICENSED EMBALMER
 ANATOMICAL INSTITUTE

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by Jerry W. Clark, Student Embalmer No. _____

working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed Jerry W. Clark
 Licensed Embalmer No. 1226

P. O. Address George F. H. Jonesboro, 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.