

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030739

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 203

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6425
8425

3

4 1

5 2

6

7 0

8 2

9331X

10

11

12 1-0

13 1-0

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

<p>FILED SEP 10 1962</p> <p>1. PLACE OF DEATH a. COUNTY Henry</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in lb 4 Days</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo. b. COUNTY Henry</p> <p>c. CITY OR TOWN Clinton, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 306 E. Franklin St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First ELIZABETH Middle A. Last BOETTLER</p>		<p>4. DATE OF DEATH Month Sept. Day 3, Year 1962</p>	
<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 11/1/1877</p>
<p>9. AGE (last birthday) 84 IF UNDER 1 YEAR Month 10 Days 2 IF UNDER 24 HR Hours Min. </p>		<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper</p>	
<p>11. BIRTHPLACE (City and state or country) Howell Co., Mo.</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME Wm. D. Briggs</p>		<p>13b. MOTHER'S MAIDEN NAME Unknown</p>	
<p>14. NAME OF HUSBAND OR WIFE Deceased</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>	
<p>16. SOCIAL SECURITY NO. None</p>		<p>17. INFORMANT Mrs. Lee Klutz, Clinton, Mo.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Cerebral hemorrhage</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) </p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>INTERVAL BETWEEN ONSET AND DEATH 3 days</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year </p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from 1946 to 9/3/62 and last saw her ^{him} alive on 9/3/62</p> <p>Death occurred at 11:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) S. B. Hughes, M.D.</p>		<p>22b. ADDRESS Clinton, Mo.</p>	
<p>22c. DATE SIGNED 9/4/62</p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE Sept. 5, 1962</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery</p>	<p>23d. LOCATION (City, town, or county) (State) Clinton, Mo.</p>
<p>24. FUNERAL DIRECTOR ADDRESS Vansant Funeral Home, Clinton, Mo.</p>		<p>25. DATE RECD. BY LOCAL REG. Sept. 4, 1962</p>	<p>26. REGISTRAR'S SIGNATURE Mildred Bigumi</p>

SEP 11 1962

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 H.A. Vinsant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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

9/4/62

(M.B.)