

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 66 0046966

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 437

**FILED DEC 7 1966**

VS 300  
Rev. 4/59

1 0940  
2 0942

3  
4 1  
5 2  
6  
7 0  
8 2

9 331X

10  
11  
12 2-2  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Francois</b>		a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>St. Francois Twp.</b> TOWN <b>Farmington - rural</b>		c. CITY OR TOWN <b>Flat River</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>M.A. Osteopathic Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>610 W. Main St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Alice</b> Middle <b>M.</b> Last <b>Wampler</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>30</b> Year <b>1966</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/25/1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>76</b>
11. BIRTHPLACE (City and state or country) <b>Bismarck, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Rabaduex</b>		13b. MOTHER'S MAIDEN NAME <b>Anna R. Christian</b>	14. NAME OF HUSBAND OR WIFE <b># 7</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>522-44-750</b>	17. INFORMANT <b>Mrs. Charles Ragsdale Flat River, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Hypostatic pneumonia</b>			<b>2 days</b>
DUE TO (b) <b>Chibrovascular accident</b>			<b>8 days</b>
DUE TO (c) <b>Arterio-Sclerosis</b>			<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>old age -</b>			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
19. WAS AUTOPSY PERFORMED? 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 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 (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>Nov 1, 1966</b> to <b>Nov 30-66</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>Nov 30 66</b> Death occurred at <b>445 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>W. J. Zupan D.O.</b>		22b. ADDRESS <b>Flat River, Missouri</b>	22c. DATE SIGNED <b>12/4/66</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/3/1966</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memo.</b>	23d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo R.F.D.</b>
24. FUNERAL DIRECTOR <b>Murphy L. Sparks Flat River, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 2, 1966</b>	26. REGISTRAR'S SIGNATURE <b>Arthur Rudloff</b>

USE BLACK INK OR TYPEWRITER RIBBON

