URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–031632

FILED OCT 5 1959 Registration District No. 43 Primary Registration District No. _____ Registrar's No. 440 STATE FILE NUMBER

NDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Otto Middle: Christian Last: Doe
4. DATE OF DEATH: Month, Day, Year: Sept. 11, 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-16-98
9. AGE (last birthday): 61
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (City and state or country): Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Lawrence Lee
13b. MOTHER'S MAIDEN NAME: Rosine Patt
14. NAME OF HUSBAND OR WIFE: Helen Siddens Doe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Mrs. Otto C. Doe, Poplar Bluff,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart Disease — 5 yrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 Aug 1959 to Sept 11, 1959 and last saw him alive on Sept 5, 1959
Death occurred at 8:20 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert Craighead M.D.
22b. ADDRESS: Poplar Bluff, Mo
22c. DATE SIGNED: 9-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sep. 14, 1959
23c. NAME OF CEMETERY OR CREMATORY: Marvin Cem.
23d. LOCATION (City, town, or county) (State): Bonne Terre, Mo.

24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 9/21/59
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

OCT 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edgar W Lafferty

Licensed Embalmer No. 3294

P. O. Address Ft Pl Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.