MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-045277
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 466

FILED NOV 30 1965

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Bonne Terre
Length of stay in 1b: 44 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 10 E. Johnson Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN: Bonne Terre
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 10 E. Johnson Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Celia Middle: Lavina Last: Stotler

4. DATE OF DEATH: Month: November Day: 15, Year: 1965

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/2/1881
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months 5 Days 13
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Dent County
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Valentine Casebolt
13b. MOTHER'S MAIDEN NAME: Mary Barr
14. NAME OF HUSBAND OR WIFE: Preston Stotler

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. Beatrice Easter, Bonne Terre,

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): Hypertension — INTERVAL BETWEEN ONSET AND DEATH: many yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic bronchitis

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 2-25-55, to 11-15-65 and last saw her alive on 7-1-65
Death occurred at ____m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Bonne Terre, Missouri
22c. DATE SIGNED: 11-17-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/17/1965
23c. NAME OF CEMETERY OR CREMATORY: Primrose Cemetery
23d. LOCATION (City, town, or county) (State): Rt. 1, Bonne Terre, Mo.

24. FUNERAL DIRECTOR / ADDRESS: Dale Sparks, Bonne Terre, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 17, 1965
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 4236

P. O. Address [handwritten, illegible]

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.