MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0048723
STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 5593 Registrar's No. 122

FILED JAN 15 1968

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: DeSoto R.F.D.(Plattin) — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Burt Manor N. Home — 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: Flat River — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 401 Buckley St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: SUSIE Middle: (NMI) Last: MARION (94)

4. DATE OF DEATH: Month, Day, Year: Dec. 20, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/20/67
9. AGE (last birthday): 83
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Bonne Terre, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: J. Frank Bradley
13b. MOTHER'S MAIDEN NAME: Temple Bannister
14. NAME OF HUSBAND OR WIFE: # 7

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.: 487-30-4176-D
17. INFORMANT: Mrs. Raymond Greishaber Address: Flat River Missouri

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): General arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic Hypertension with H.D. — years
DUE TO (c):

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

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 Dec 14, 1967 to Dec 20, 67 and last saw her him alive on Dec. 18, 1967
Death occurred at 9:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold E Donnell MD
22b. ADDRESS: De Soto, Missouri
22c. DATE SIGNED: 12/21/67

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/22/1967
23c. NAME OF CEMETERY OR CREMATORY: K.P. Cemetery
23d. LOCATION (City, town, or county) (State): Flat River, Mo

24. FUNERAL DIRECTOR ADDRESS: Murphy L. Sparks Flat River, Mo
25. DATE RECD. BY LOCAL REG.: 12/23/67
26. REGISTRAR'S SIGNATURE: Carl E Reed MD

(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 Murphy Sparks

Licensed Embalmer No. 4336

P. O. Address Florham 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.