

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-010042

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43

FILED APR 2 1962

Primary Registration District No.

3007

Registrar's No.

VS 300  
Rev. 4/59

6128  
20128

3

4 1

5 1

6

7 0

8 0

94201

10

11

12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Poplar Bluff

Length of stay in 1b  
10 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Doctors Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Butler

c. CITY OR TOWN Poplar Bluff

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
703 S. 9th St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

(Type or print)

AVIS

SLINKARD

BRIAN

4. DATE OF DEATH

Month

Day

Year

March 25, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/6/1903

## 9. AGE (last birthday)

59

## IF UNDER 1 YEAR

Months 19 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  
Home

11. BIRTHPLACE (City and state or country)  
Bollinger County, Mo.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

Leo Slinkard

## 13b. MOTHER'S MAIDEN NAME

Ida Eaker

## 14. NAME OF HUSBAND OR WIFE

William J. Brian

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.  
466-18-8984

## 17. INFORMANT

Address

William J. Brian, Poplar Bluff, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Myocardial Infarction  
Coronary arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH  
2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

Hypertensive Cardiovascular disease

### 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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at 9:15 P. M. \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title)

Maxwell Barbour, MD

## 22b. ADDRESS

Poplar Bluff, Missouri.

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3/28/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Cemetery.

## 23d. LOCATION (City, town, or county)

Lutesville, Missouri.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Frank-Cotrell Chapel, Poplar Bluff, Mo.

## 25. DATE RECD. BY LOCAL REG.

3/31/1962

## 26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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

*Charles E. Mungle*

Licensed Embalmer No.

*4877*

P. O. Address

*Poplar Bluff 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.