

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

85-043046

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 774

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <b>FILED DEC 13 1965</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY -- <b>BUTLER</b>		a. STATE <b>MO.</b> b. COUNTY <b>WAYNE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in 1b <b>22 days</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOCTORS HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>NONE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>LEVI</b> Last <b>WAKEFIELD</b>		4. DATE OF DEATH Month <b>NOV.</b> Day <b>11</b> Year <b>1965</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-9-1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	9. AGE (last birthday) <b>77</b>
11a. FATHER'S NAME <b>BANKSTON WAKEFIELD</b>		11b. MOTHER'S MAIDEN NAME <b>SARAH WARD</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>WILLIE JEANET WAKEFIELD</b>	
17. INFORMANT <b>WILLIE JEANET WAKEFIELD</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIE JEANET WAKEFIELD</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (c) <b>Senile osteoporosis of spine with multiple spontaneous compression fractures</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b> <b>3 yrs</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>Poplar Bluff, Mo.</b>		COUNTY STATE	
21. I attended the deceased from <b>Feb 20, 1963</b> to <b>Nov 11, 1965</b> and last saw him alive on <b>Nov 11, 1965</b> Death occurred at <b>11:35</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Robert Chuganet</b>	
22b. ADDRESS <b>Poplar Bluff, Mo.</b>		22c. DATE SIGNED <b>12-4-66</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>NOV. 14, 1965</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>BARRETT CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>COLDWATER MO.</b>	
24. FUNERAL DIRECTOR <b>NORMAN W. GISH</b>		25. DATE RECD. BY LOCAL REG. <b>12-9-1965</b>	
26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(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. 769

working under my personal supervision.

Student James M. Ruez  
Signature of Student Embalmer

Signed Harmon E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, N.C.

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.