

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008792

STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 11

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1-57

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|---|----------------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Clinton | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattsburg | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Plattsburg | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warren & Baumier Nursing Home | | Length of stay in lb 3yrs. | d. STREET ADDRESS (If outside, give location) 211 N-E Plattsburg | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) MELLEY JANE OLSEN | | | 4. DATE OF DEATH Month Mar. Day 11 Year 1959 | | |
| 5. SEX Female | 6. COLOR OR RACE Cauc. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 8, 1869 | 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: 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) Franklin Co. Ind. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME ISSAC DAVIS | | 13b. MOTHER'S MAIDEN NAME MARY E. GARD | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 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 Nellie Cox Cameron, 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) Inanition | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 wks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized carcinomatous | | | | | 5 yrs. |
| DUE TO (c) Carcinoma of Breast | | | | | 5 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <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 | | COUNTY STATE |
| 21. I attended the deceased from <u>8/1/58</u> to <u>3/11</u> and last saw her ^{her} _{him} alive on <u>3/10</u> Death occurred at <u>12:30</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) B. Baumier, D.O. | | | 22b. ADDRESS Lathrop, Mo. | | 22c. DATE SIGNED 3/11/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 3-11-59 | 23c. NAME OF CEMETERY OR CREMATORY Graceland | | 23d. LOCATION (City, town, or county) (State) Cameron, Mo. |
| 24. FUNERAL DIRECTOR Poland Funeral Home, Cameron, Mo. | | ADDRESS | 25. DATE RECD. BY LOCAL REG. 3-14-1959 | 26. REGISTRAR'S SIGNATURE Mary W Searee | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Laurence J. Thompson*.....

Licensed Embalmer No. *4735*.....

P. O. Address *Cameron, 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.