

# MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007124

FILED VS MAR 7 1960

Registration District No. ~~XXX~~ 179

Primary Registration District No. 5667

Registrar's No. 30

STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <span style="font-size: 18pt;">Lincoln</span>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <span style="font-size: 18pt;">Missouri</span> COUNTY <span style="font-size: 18pt;">Lincoln</span>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <span style="font-size: 18pt;">Bedford Twp.</span>		Length of stay in 1b <span style="font-size: 18pt;">3 Mo.</span>		c. CITY OR TOWN <span style="font-size: 18pt;">Troy</span>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <span style="font-size: 18pt;">Lincoln Co. Memorial Hosp.</span>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <span style="font-size: 18pt;">Fielder Apts.</span>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <span style="font-size: 18pt;">Ella</span> Middle <span style="font-size: 18pt;">Mae</span> Last <span style="font-size: 18pt;">Clare</span>				<b>4. DATE OF DEATH</b> Month <span style="font-size: 18pt;">February</span> Day <span style="font-size: 18pt;">26</span> Year <span style="font-size: 18pt;">1960</span>							
5. SEX <span style="font-size: 18pt;">Female</span>		6. COLOR OR RACE <span style="font-size: 18pt;">White</span>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <span style="font-size: 18pt;">1/27/07</span>		9. AGE (last birthday) <span style="font-size: 18pt;">53</span>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <span style="font-size: 18pt;">Machine Operator</span>			10b. KIND OF BUSINESS OR INDUSTRY <span style="font-size: 18pt;">Garment Worker</span>		11. BIRTHPLACE (City and state or country) <span style="font-size: 18pt;">Lincoln Co. Missouri</span>		12. CITIZEN OF WHAT COUNTRY <span style="font-size: 18pt;">USA</span>				
13a. FATHER'S NAME <span style="font-size: 18pt;">Frank J. Clare</span>			13b. MOTHER'S MAIDEN NAME <span style="font-size: 18pt;">Annie Halley</span>			14. NAME OF HUSBAND OR WIFE <span style="font-size: 18pt;">None</span>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <span style="font-size: 18pt;">No</span>		16. SOCIAL SECURITY NO. <span style="font-size: 18pt;">498-03-8959</span>		17. INFORMANT Address <span style="font-size: 18pt;">John Clare, Troy, Missouri.</span>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <span style="font-size: 24pt; font-weight: bold;">METASTATIC CARCINOMA BREAST</span>								INTERVAL BETWEEN ONSET AND DEATH <span style="font-size: 18pt;">18 Mos</span>			
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 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		COUNTY		STATE					
21. I attended the deceased from <span style="font-size: 18pt;">6-12-56</span> to <span style="font-size: 18pt;">2/26/60</span> and last saw her <del>him</del> alive on <span style="font-size: 18pt;">2/26/60</span>				Death occurred at <span style="font-size: 18pt;">7:20 PM</span> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <span style="font-size: 24pt; font-family: cursive;">Louis P. Kellough</span> M.D.				22b. ADDRESS <span style="font-size: 18pt;">Troy, Missouri</span>		22c. DATE SIGNED <span style="font-size: 18pt;">2/28/60</span>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <span style="font-size: 18pt;">Burial</span>		23b. DATE <span style="font-size: 18pt;">2/28/60</span>		23c. NAME OF CEMETERY OR CREMATORY <span style="font-size: 18pt;">Sulphur Lick Cem.</span>		23d. LOCATION (City, town, or county) (State) <span style="font-size: 18pt;">Lincoln Co. Missouri.</span>					
24. FUNERAL DIRECTOR ADDRESS <span style="font-size: 18pt;">Kemper-Marsh Funeral Home, Troy, Mo.</span>				25. DATE RECD. BY LOCAL REG. <span style="font-size: 18pt;">3-1-1960</span>		26. REGISTRAR'S SIGNATURE <span style="font-size: 24pt; font-family: cursive;">Charlotte Leek</span>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

**MAR 15 1960**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Joseph J. Mann*

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.