

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037647

FILED VS NOV 1 1960

47

Primary Registration District No. 3008

Registrar's No. 303

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Callaway				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in lb 4 Months		c. CITY OR TOWN Mokane		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 824 High St			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jessie Middle Myrtle Last Biswell				4. DATE OF DEATH Month Oct Day 27 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/11/1933	9. AGE (last birthday) 27	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife, formerly at Shoe Factory			10b. KIND OF BUSINESS OR INDUSTRY at Shoe Factory		11. BIRTHPLACE (City and state or country) Readsville, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Vernie Cole			13b. MOTHER'S MAIDEN NAME Ethel Pasley			14. NAME OF HUSBAND OR WIFE Minos E. Biswell		
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 Address Minos E. Biswell, Mokane, 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) Brain Tumor (metastatic) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma Breast. DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 6 hrs 3 yrs	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 June 1959 to Death and last saw her alive on 10-26-60 Death occurred at 11:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE John J. Brown MD (Degree or title)				22b. ADDRESS Fulton Mo.			22c. DATE SIGNED 10-28-60	
23a. BURIAL CREMATION REMOVAL (Specify) Burial		23b. DATE Oct. 29, 1960	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		23d. LOCATION (City, town, or county) Fulton, Mo		(State)	
24. FUNERAL DIRECTOR Wallace Funeral Home, Fulton Mo ADDRESS				25. DATE RECD. BY LOCAL REG. Oct. 28 - 1960		26. REGISTRAR'S SIGNATURE Martha Lawrence		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAR 16 1961

STATEMENT BY LICENSED EMBALMER

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 Wenzel C. Browning
Licensed Embalmer No. _____

P. O. Address Fulton, Mo

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