

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-00617

STATE FILE NUMBER

FILED VS JAN 17 1961

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 2

AMENDED

| | | | | | |
|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Chariton | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Chariton | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville Twp. | | Length of stay in 1b 10-Months | c. CITY OR TOWN Keytesville | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Chariton Co. Rest Home | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2-Miles E. of Keytesville | |
| 3. NAME OF DECEASED (Type or print) First Emma Middle Mills Last Mills | | | 4. DATE OF DEATH Month Jan. Day 7th Year 1961 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 1883 | 9. AGE (last birthday) 76 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Not Known | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME Not Known | | 13b. MOTHER'S MAIDEN NAME Not Known | | 14. NAME OF HUSBAND OR WIFE ----- | |
| 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. None | 17. INFORMANT Records at Rest Home, Keytesville | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Acute nephritis | | | | | |
| DUE TO (b) Acute nephritis Fracture femur | | | | | |
| DUE TO (c) Fractured femur | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility | | | | | 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 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 8:00 a.m. p.m. Month, Day, Year April 1960 | | 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 Brunswick MO | 20g. COUNTY MO |
| 20f. CITY, TOWN, OR LOCATION Brunswick MO | 20g. COUNTY MO | 20h. STATE MO | 20i. DATE OF INJURY Jan. 3-61 | | |
| 21. I attended the deceased from April 1960 to Jan. 3rd-1961 and last saw her alive on Jan. 31 Death occurred at 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>L. Felton D.D.</i> (Degree or title) | | | 22b. ADDRESS Brunswick MO | | 22c. DATE SIGNED 1-10-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Jan. 7th 1961 | 23c. NAME OF CEMETERY OR CREMATORY Kirkville Oestonatic Hospital | 23d. LOCATION (City, town, or county) (State) Kirkville Mo. | | |
| 24. FUNERAL DIRECTOR <i>H. H. Sammitt</i> Keytesville, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-14-61 | 26. REGISTRAR'S SIGNATURE <i>Opal L. Spence</i> | | |

(Licensed Embelmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 H. O. Linnick

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.