

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002353

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED FILED VS JAN 20 1961

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 104

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid		Length of stay in lb life	c. CITY OR TOWN New Madrid
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Resident		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Mitchell St.
3. NAME OF DECEASED (Type or print) First MINNIE Middle QUESNELL Last RICHARDS		4. DATE OF DEATH Month Jan Day 10 , Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/29/1872
9. AGE (last birthday) 88		IF UNDER 1 YEAR Months 8 Days 12	IF UNDER 24 HRS Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Pt/ Pleasant, Mo/
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME George Mansby	
13b. MOTHER'S MAIDEN NAME Camelia Brownell		14. NAME OF HUSBAND OR WIFE Gus Richards Sr.	
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 Address Gus W. Richards New Madrid, 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) Cerebral Accident - Embolus - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post Operative Correction of femoral fracture - DUE TO (c) Carcinoma of Uterus -			INTERVAL BETWEEN ONSET AND DEATH
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 if item 18b.)	
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 Dec 25 - 1960 to Jan 10 - 1961 and last saw her Jan 9th 1961 alive on Jan 9th 1961 . Death occurred at 5 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Orville B. Chandler MD		22b. ADDRESS New Madrid Mo	22c. DATE SIGNED 1-12-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/12/60	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	23d. LOCATION (City, town, or county) (State) New Madrid, Mo.
24. FUNERAL DIRECTOR RICHARDS		ADDRESS New Madrid, Mo.	25. DATE RECD. BY LOCAL REG. 1-13-61
		26. REGISTRAR'S SIGNATURE Jay W. Dwyer	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 14 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Sam L. [Signature]*

Licensed Embalmer No. 5100

P. O. Address New Mexico

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.