

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1961

=61-002533

STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 15

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ARLINGTON Twp.		Length of stay in 1b	c. CITY OR TOWN Newburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1/2 mile South of Newburg		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First UDELL Middle Hill Last Hill			4. DATE OF DEATH Month JAN Day 15 Year 1961			
5. SEX MALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH FEB 8, 1901	9. AGE (last birthday) 59 IF UNDER 1 YEAR: Months 11 Days 7 IF UNDER 24 HR: Hours 7 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT PACKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Licking Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Jim Hill		13b. MOTHER'S MAIDEN NAME SUSAN FOX		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) YES		16. SOCIAL SECURITY NO. UNK	17. INFORMANT Wilford Hill Address St. Louis			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary embolus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary heart disease. DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH Two minutes	
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 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 11 a.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 Jan 9, 1961 to Jan 14, 61 and last saw her alive on Jan 14, 61 Death occurred at P on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Richard P. Myers (Degree or title)			22b. ADDRESS Newburg, Mo.		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 18, 1961	23c. NAME OF CEMETERY OR CREMATOR Williams Cemetery		23d. LOCATION (City, town, or county) (State) Licking Mo.		
24. FUNERAL DIRECTOR LEE Johnson		ADDRESS NEWBURG Mo.		25. DATE RECD. BY LOCAL REG. Jan 17, 1961	26. REGISTRAR'S SIGNATURE Nadine L. Stoll	

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 William L. Stowler

Licensed Embalmer No. 5043

P. O. Address: Newburg 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.