

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002535

FILED VS FEB 6 1961

Registration District No. 276

Primary Registration District No. 5946

Registrar's No. 6

STATE FILE NUMBER

AMENDED

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 St. James (Rural) Meramec Twp		Length of stay in 1b		c. CITY OR TOWN St. James		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Meramec (Twp)			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Jane Lenox				4. DATE OF DEATH Month Day Year February 1, 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 4/14/1867	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months Days 9 28	IF UNDER 24 HR Hours Min. 0 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Phelps Co		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William Earls			13b. MOTHER'S MAIDEN NAME Margaret			14. NAME OF HUSBAND OR WIFE John Lenox (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No No			16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs Boley John, St. James, Mo. Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic congestive heart failure								INTERVAL BETWEEN ONSET AND DEATH 72 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension									
DUE TO (c) Arterio-sclerosis									
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 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 10-1-60 to 2-1-61 and last saw her alive on 1-30-61				Death occurred at 4p.m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. P. Bulick M.D.				22b. ADDRESS 110 N. Jefferson St. James, Mo			22c. DATE SIGNED 2-2-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 3, 1961	23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery			23d. LOCATION (City, town, or county) (State) Phelps Co, Missouri				
24. FUNERAL DIRECTOR Jesse Gahr, St. James, Missouri		25. DATE RECD. BY LOCAL REG. 4.6.3.1961	26. REGISTRAR'S SIGNATURE Ruth S. Powell						

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 25 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 G. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

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.