

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-002556

FILED VS FEB 9 1961

STATE FILE NUMBER

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 17

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (if outside corporate limits, give TOWNSHIP only) LOUISIANA		Length of stay in 1b 67m.	c. CITY OR TOWN EDLIA.
c. FULL NAME OF (if NOT in hospital, give location) LOUISIANA NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) _____
3. NAME OF DECEASED (Type or print) First SALLIE Middle ANN Last MELOAN		4. DATE OF DEATH Month FEB Day 1 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 5-30-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (last birthday) 80
11. BIRTHPLACE (City and state or country) PIKE Co MO		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME JAMES POLLARD		13b. MOTHER'S MAIDEN NAME MARY ELIZA ADKINS	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 EDWARD SMITH		Address CLARKSVILLE 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) C. V. A. Recurrent			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Hypertensive Cardio-Vascular disease			10 yrs
DUE TO (c) Pyelonephritis			1 yr
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 1959 to 2/1/61 and last saw her ^{her} _{him} alive on 1/31/61 Death occurred at 12:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chas. A. Luellen (Degree or title)		22b. ADDRESS M.D. 122 S. 3rd, Louisiana, Mo.	22c. DATE SIGNED 2/2/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB-2-61	23c. NAME OF CEMETERY OR CREMATORY EDLIA MEM.	23d. LOCATION (City, town, or county) (State) EDLIA MO.
24. FUNERAL DIRECTOR COLLIER FUNERAL SERVICE LOUISIANA MO	ADDRESS _____	25. DATE RECD. BY LOCAL REG. Feb-2-61	26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1967

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 Geo M Callier

Licensed Embalmer No. 3839

P. O. Address Louisiana

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.