

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-002705

FILED VS FEB 3 1961

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 5

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST. CHAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. CHAIR</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>APPLETON CITY Mo.</u>		Length of stay in lb <u>5 day</u>		c. CITY OR TOWN <u>APPLETON CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELLETT. M. HOSP</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARIAN GRACE HALL</u>				4. DATE OF DEATH Month Day Year <u>Jan 29 - 67</u>				
5. SEX <u>7</u>	6. COLOR OR RACE <u>w</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-29-73</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>06</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>PATTIS Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Dan Donohue</u>			13b. MOTHER'S MAIDEN NAME <u>Olivia Kidd</u>		14. NAME OF HUSBAND OR WIFE <u>none.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT Address <u>Robert. Hall APPLETON CITY, Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Ruptured Bronchus</u>				<u>4 days</u>	
DUE TO (c) <u></u>			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 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 <u>25 January 1961</u> to <u>29 Jan 61</u> and last saw <u>her</u> alive on <u>29 Jan 61</u> Death occurred at <u>1:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>D. E. Barber, M.D.</u>				22b. ADDRESS <u>Appleton City, Mo.</u>		22c. DATE SIGNED <u>1-30-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Jan 31 - 61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>APPLETON CITY</u>		23d. LOCATION (City, town, or county) (State) <u>APPLETON CITY, Mo.</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Oscar Eckhoff Appleton City, Mo. Jan. 30, 1960.</u>			25. DATE RECD. BY LOCAL REG. <u></u>		26. REGISTRAR'S SIGNATURE <u>Chas Abney</u>			

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 Oscar E. Hoff

Licensed Embalmer No. 3942

P. O. Address Appleton City

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.