

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004072

FILED VS FEB 14 1967

Registration District No. 500 Primary Registration District No. 301 Registrar's No.

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville		Length of stay in 1b 1 Yr.		c. CITY OR TOWN Davison	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Sanatorium		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 308 So. State Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First ANNA		Middle WREN		Last RINN		Month Jan. Day 30, Year 1961	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-27-1874	9. AGE (last birthday) 87	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Michigan		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Adams			13b. MOTHER'S MAIDEN NAME Louisa Jeffers			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 Lena Truitt, 822 E Moore, Davidson, Mich			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebro-vascular accident							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Cerebral arteriosclerosis							
DUE TO (c)							
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 checked="" 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	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. 27, 1960 , to Jan. 30, 1961 and last saw her alive on Jan. 29, 1961 . Death occurred at Ellisville, Mo. 12:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE George E. Smith M.D. (Degree or title)				22b. ADDRESS 325 N. Kishwood Rd. Kishwood 22 Mo.		22c. DATE SIGNED 1/30/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/2/1961	23c. NAME OF CEMETERY OR CREMATORY Avondale Cemetery		23d. LOCATION (City, town, or county) Flint, Michigan		(State)	
24. FUNERAL DIRECTOR PARKER ALDRICH		ADDRESS WEBSTER GEORGE, MO		25. DATE RECD. BY LOCAL REG. 1-31-61		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

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 Lucie Welch

Licensed Embalmer No. 4395
P. O. Address Holston Grove

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.