

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004377

AMENDED

Registration District No. 354

Primary Registration District No. 4519

Registrar's No. 6

STATE FILE NUMBER

FILED VS FEB 14 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)			
a. COUNTY <u>Texas</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cabool</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Texas</u>	
Length of stay in 1b <u>11 yrs.</u>		c. CITY OR TOWN <u>Cabool</u>		d. STREET ADDRESS <u>Garst Street</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		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 checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Clarissa</u>		Middle <u>Luvana</u>		Last <u>Treat</u>		Month <u>2-9-61</u> Day Year	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</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>8-18-1879</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Everton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Marion Wheeler</u>			13b. MOTHER'S MAIDEN NAME <u>Melcena Thomason</u>			14. NAME OF HUSBAND OR WIFE <u>John Treat, (dec.)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Robert Wade, Cabool, Mo.</u>		Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL AND DEATH ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Broncho-Pneumonia</u>							<u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Coronary Heart failure</u>							
DUE TO (c) <u>Arterio sclerotic Heart disease</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Compression Fractures 2nd + 3rd lumbar Vertebrae</u>					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.) <u>Fall</u>				
20c. TIME OF INJURY Hour a.m. p.m. <u>12/27/60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Cabool</u> COUNTY <u>Texas</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>12/27/60</u> to <u>2/8/61</u> and last saw her <u>alive</u> on <u>2/8/61</u> Death occurred at <u>5:10 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Garrett Lloyd Penn</u> (Degree or title)				22b. ADDRESS <u>Cabool Mo</u>			22c. DATE SIGNED <u>2/10/61</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>2-11-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HillCrest Cemetery</u>		23d. LOCATION (City, town, or county) <u>Mt. Grove, Mo.</u>			
24. FUNERAL DIRECTOR <u>Elliott-Gentry, Cabool, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-11-61</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</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 James Bentley

Licensed Embalmer No. 4718

P. O. Address Calool, W.V.

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.