

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004418

FILED VS. JAN 10 1961

Registration District No. 362 Primary Registration District No. 6295 Registrar's No. 3

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY WARREN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY WARREN									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PINCKNEY TWP.		Length of stay in 1b 5 mo.		c. CITY OR TOWN GORE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mi. NW of MARTHASVILLE			Inside Limits Yes <input 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) First Middle Last NELLIE Josephine Letting				4. DATE OF DEATH Month Day Year JAN 7- 1961									
5. SEX FEMALE		6. COLOR OR RACE CAU.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/8/1913		9. AGE (last birthday) 47		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER				10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (City and state or country) JONESBURG Mo		12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME CHARLES CREGAR				13b. MOTHER'S MAIDEN NAME MELVINA PRIAR				14. NAME OF HUSBAND OR WIFE FLORENCE LETTING					
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.				17. INFORMANT FLORENCE LETTING MARTHASVILLE 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) Carcinoma left breast										INTERVAL BETWEEN ONSET AND DEATH 9 mo.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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 10-24-60 to 1-7-61 and last saw her him alive on 1-7-61 Death occurred at 5:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Carol T. Shaw, M.D.						22b. ADDRESS Hermann, Missouri			22c. DATE SIGNED 1-9-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1/10/1961		23c. NAME OF CEMETERY OR CREMATORY LOUTRE ISLAND CEMETERY			23d. LOCATION (City, town, or county) RFB MCKITTRICK Mo			(State)			
24. FUNERAL DIRECTOR HUGO H. BLUMER				ADDRESS Hermann Mo		25. DATE RECD. BY LOCAL REG. JAN. 9, 1961		26. REGISTRAR'S SIGNATURE Lloyd Lagan					

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 *Charles J. Pope*

Licensed Embalmer No. 2552

P. O. Address Herrmann

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.