

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005841

STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 10

FILED VS FEB 21 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>LINN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>LINN</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u> | | Length of stay in lb <u>2 WKS</u> | c. CITY OR TOWN <u>MARCELINE</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>211 R. T. HIE</u> |
| 3. NAME OF DECEASED (Type or print) First <u>ESTA</u> Middle <u>EMBREE</u> Last <u>EMBREE</u> | | | 4. DATE OF DEATH Month <u>FEB</u> Day <u>13</u> Year <u>1961</u> |
| 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>8-20-187A</u> |
| 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 <u>HOME</u> | 9. AGE (last birthday) <u>86</u> |
| 11. BIRTHPLACE (City and state or country) <u>CHARITON Co. MO.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>GEO. PARKER MEDLIN</u> | | 13b. MOTHER'S MAIDEN NAME <u>SARAH ROGERS</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>L.A. EMBREE</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. <u>NO</u> | | 17. INFORMANT <u>MELVA KINCAID</u> Address <u>MARCELINE 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>Cerebral Vascular Accident, thrombosis and hemorrhage</u> DUE TO (b) <u>with bilateral hemiplegia</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>approx 3 wks</u> <u>Indefinite</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 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 checked="" 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>20 Jan 60</u> to <u>13 Feb 60</u> and last saw ^(her) alive on <u>13 Feb 60</u> Death occurred at <u>9:10 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Stennon A. Howe, MD</u> | | 22b. ADDRESS <u>Marceline, Mo.</u> | 22c. DATE SIGNED <u>2/14/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>2-15-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem.</u> | 23d. LOCATION (City, town, or county) <u>MARCELINE MO.</u> |
| 24. FUNERAL DIRECTOR <u>MILLER-Tillotson</u> ADDRESS <u>Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-14-61</u> | 26. REGISTRAR'S SIGNATURE <u>Brookie Owens</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 *B. J. L. Alley*

Licensed Embalmer No. 4822

P. O. Address Chillicothe

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.