

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-007243

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 494

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED VS MAR 2 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester Length of stay in 1b 15 Mos
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Manchester Nursing Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1st & Virginia Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN Eureka Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1st & Virginia Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Izella Katherine Votaw Feb 17 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-12-80 9. AGE (last birthday) 80
 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) housework 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and state or country) Jefferson Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Ogle 13b. MOTHER'S MAIDEN NAME Sarah Williams 14. NAME OF HUSBAND OR WIFE Clint Votaw

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 Clint Votaw Address Eureka, 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) Pulmonary Edema INTERVAL BETWEEN ONSET AND DEATH 2 days
 DUE TO (b) Acute Myocardial Failure 2 weeks
 DUE TO (c) Hypertension and Arteriosclerosis Don't know
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Dec. 8, 1959 to Feb. 17, '61 and last saw him alive on Feb. 17th, 1961
 Death occurred at 4:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph W. Zaffey, R.C. 22b. ADDRESS Box 122, Manchester, Mo. 22c. DATE SIGNED 2-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-20-61 23c. NAME OF CEMETERY OR CREMATORY Kidd Cemetery 23d. LOCATION (City, town, or county) (State) Eureka, Mo.

24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home Ballwin, Mo. 25. DATE RECD. BY LOCAL REG. 2-18-61 26. REGISTRAR'S SIGNATURE John M. ...

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 Richard M. Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo

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.