

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-007923

STATE FILE NUMBER

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 116

FILED MAR 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Length of stay in 1b 16 DAYS	c. CITY OR TOWN CHAFFEE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SOUTHEAST MISSOURI HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD # 2 (1/2 mi SOUTH)
3. NAME OF DECEASED (Type or print) First MARY Middle AGNES Last STORY		4. DATE OF DEATH Month MARCH Day 7 Year 1961	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-24-1888
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months 2 Days 7	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and state or country) CHICAGO, ILLINOIS
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME CHARLES SHAVER	
13b. MOTHER'S MAIDEN NAME AGNES ROBINSON		14. NAME OF HUSBAND OR WIFE THOMAS MONROE STORY	
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 KENNETH STORY - Rt. # 2 - CHAFFEE, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Amputation of left leg -			2 wks
DUE TO (c) Diabetes mellitus + arteriosclerotic gangrene			1 mo
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 10-15-60 to 3-7-61 and last saw her alive on 3-7-61 Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E.F. McDonald, M.D. (Degree or title)		22b. ADDRESS Jackson, Mo.	
22c. DATE SIGNED 3-20-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 9, 1961	23c. NAME OF CEMETERY OR CREMATORY UNION PARK CEMETERY	23d. LOCATION (City, town, or county) (State) CHAFFEE, Missouri
24. FUNERAL DIRECTOR BISPLINGHOFF FUNERAL HOME - CHAFFEE, Mo.		25. DATE RECD. BY LOCAL REG. 3-22-61	26. REGISTRAR'S SIGNATURE Gene Karter

JUN 29 1961

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 Jack T. Burnett

Licensed Embalmer No. 4473
P. O. Address Chaffee, 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.