

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008178

FILED VS MAR 13 1961

STATE FILE NUMBER

AMENDED

Registration District No. 898 Primary Registration District No. _____ Registrar's No. 41

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin		Length of stay in 1b 2 months		c. CITY OR TOWN Stanberry		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sullivan Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3rd & Maple		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Minnie Middle Bell Last Lines				4. DATE OF DEATH Month Feb. Day 21 Year 1961									
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-10-1871		9. AGE (last birthday) 89		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) Homemaker				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Worth County, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Richard Lines				13b. MOTHER'S MAIDEN NAME Susan Castator				14. NAME OF HUSBAND OR WIFE none					
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. UN-KNOWN		17. INFORMANT Clarence Lippincott, Stanberry, 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) Carcinoma P. Breast 2 yrs DUE TO (b) _____ DUE TO (c) _____ 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)								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 Jan 1961 to Feb. 21, 1961 and last saw her from alive on 2-20-61 Death occurred at 11:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Floyd E. Nelson M.D. (Name or title)						22b. ADDRESS Gallatin, Mo			22c. DATE SIGNED 2-22-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Feb. 23, 1961		23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery			23d. LOCATION (City, town, or county) Stanberry, Missouri			(State)			
24. FUNERAL DIRECTOR Johnson Funeral Home				ADDRESS STANBERRY MO.		25. DATE RECD. BY LOCAL REG. 6 March 1961		26. REGISTRAR'S SIGNATURE Wesley M. Englehart					

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 *L. C. Dickerson*

Licensed Embalmer No. 3302

P. O. Address Gallatin

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.