

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009442

AMENDED

Registration District No. 28455 Primary Registration District No. 3127 Registrar's No. 49

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Length of stay in 1b 10 Days	c. CITY OR TOWN Neosho		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Corda Middle Amelia Last Testerman			4. DATE OF DEATH Month March Day 21 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 5-5-1864	9. AGE (last birthday) 96	IF UNDER 1 YEAR Months Days 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 Housework	11. BIRTHPLACE (City and state or country) Leavenworth, Kan	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Gallemore		13b. MOTHER'S MAIDEN NAME Elizabeth Parsons		14. NAME OF HUSBAND OR WIFE Deceased	
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 Mrs W.C. Staib Neosho, 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) <u>Medullary Sarcoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Infection</u> DUE TO (c) <u>Infection Surgical neck tumor Reg. Di</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>2 days</u> <u>9 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anterior Sclerotic</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <u>3-12-61</u> to <u>3-21-61</u> and last saw her/him alive on <u>3-21-61</u> Death occurred at <u>7:30 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Edwin Larson MD.</u>			22b. ADDRESS <u>Joplin Mo</u>		22c. DATE SIGNED <u>3-25-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/32/61	23c. NAME OF CEMETERY OR CREMATORY King Cemetery		23d. LOCATION (City, town, or county) (State) Newton County Mo.	
24. FUNERAL DIRECTOR Clark Funeral Home Neosho, Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 3-25-61	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</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

Fred L. Clark

Licensed Embalmer No. 5056

P.O. Address 312 So. Wood

Wesley, 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.