SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013586
STATE FILE NUMBER

TMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 144 Primary Registration District No. 4233 Registrar's No. 44

AMENDED

FILED APR 20 1961

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arcadia — Length of stay in 1b 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION general delivery — Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Iron
c. CITY OR TOWN Arcadia — Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location) general delivery — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First STELLA Middle Last SWITZER
4. DATE OF DEATH Month Apr. Day 12 Year 1961

5. SEX fem
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH Aug 9 1873
9. AGE (last birthday) 87 — 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) at home
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) St.Louis Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Francis E. Cook
13b. MOTHER'S MAIDEN NAME Anna Alexander
14. NAME OF HUSBAND OR WIFE Roland W. Switzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Address Eugene W. Sloan, Arcadia 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) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ 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 12-15-59, to 4-12-61 and last saw her/him alive on 4-11-61
Death occurred at 2.30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marvin C Menne / MD
22b. ADDRESS Ironton, Missouri
22c. DATE SIGNED 4-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 4-14-61
23c. NAME OF CEMETERY OR CREMATORY Bellefoniaine Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Ernest J. White White Funeral Home, Ironton Mo
25. DATE RECD. BY LOCAL REG. 4-13-61
26. REGISTRAR'S SIGNATURE Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ansel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.