

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016294

STATE FILE NUMBER

AMENDED

Registration District No. 373 Primary Registration District No. 6270 Registrar's No. 30

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 373 Primary Registration District No. 6270 Registrar's No. 30

FILED MAY 8 1961

1. PLACE OF DEATH
 a. COUNTY Webster
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Township Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Niangua, Route #1 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Webster
 c. CITY OR TOWN Niangua Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Freda Middle Ruth Last Jerry 4. DATE OF DEATH Month April Day 19 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-21-1915 9. AGE (last birthday) 45 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Webster Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Links 13b. MOTHER'S MAIDEN NAME Frances Rader 14. NAME OF HUSBAND OR WIFE Burnice Jerry

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 Burnice Jerry, Niangua, Missouri 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 of Pancreas INTERVAL BETWEEN ONSET AND DEATH 1 yr.
 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.
 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. 27, 1960 to April 10, '61 and last saw her born alive on April 10, 1961
 Death occurred at 6:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William W. Ward MD 22b. ADDRESS Springfield Mo. 22c. DATE SIGNED 4/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-23-1961 23c. NAME OF CEMETERY OR CREMATORY Good Spring Cemetery 23d. LOCATION (City, town, or county) (State) Webster Co., Mo.

24. FUNERAL DIRECTOR Rex Rainey, Springfield, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 4-25-61 26. REGISTRAR'S SIGNATURE [Signature]

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 _____

Licensed Embalmer No. 4568

P. O. Address Springfield

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.