

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016373
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 102

FILED MAY 31 1961

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Edina	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Gertrude Haselwood			4. DATE OF DEATH Month Day Year May 21 1961		
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10 May 1877	9. AGE (last birthday) 84	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		11. BIRTHPLACE (City and state or country) Knox County Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Cottey			13b. MOTHER'S MAIDEN NAME Mary Inman			14. NAME OF HUSBAND OR WIFE Ralph W. Haselwood	
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 Address Mrs. Ben N. Jolly Mexico, 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) Senescent carcinoma		INTERVAL BETWEEN ONSET AND DEATH 1 mo 5 mo
DUE TO (b) Carcinoma of thyroid		
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. <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Feb 1961 to May 21, 1961 and last saw her/him alive on May 21, 1961
Death occurred at 7:00 PM on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Ben N. Jolly M.D.		22b. ADDRESS 112 N. Clark Street, Edina, Mo		22c. DATE SIGNED 5/22/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 24 May 1961		23c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery	
23d. LOCATION (City, town, or county) Knox City, Missouri		23e. STATE Missouri			

24. FUNERAL DIRECTOR ADDRESS Hudson-Rimer Funeral Home, Edina, Mo		25. DATE RECD. BY LOCAL REG. May 23-1961		26. REGISTRAR'S SIGNATURE Blanche Neely	
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUL 13 1967

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 AL Rimer

Licensed Embalmer No. 5041

P. O. Address Edina, Mn

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.