

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=61-016691**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 47 Primary Registration District No. 5157 Registrar's No. 118

**FILED MAY 22 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
a. COUNTY <u>Callaway</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Portland Auxvasse Twp</u>		c. STATE <u>Mo.</u>		d. COUNTY <u>Callaway</u>	
Length of stay in 1b <u>life</u>		c. CITY OR TOWN <u>Portland</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Henrietta</u>		Middle <u>Mealy</u>		Last		Month <u>May</u> Day <u>16</u> Year <u>1961</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>Cau.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 5 1885</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (City and state or country) <u>Higbee, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wesley Henderson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Blakley</u>			14. NAME OF HUSBAND OR WIFE <u>Lester Mealy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				17. INFORMANT <u>Lester Mealy</u> Address <u>Portland, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>							
DUE TO (b) <u>Cardio-Vascular Hypertension</u>							
DUE TO (c) <u>Nephritis</u>							
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 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 <u></u> a.m. <u></u> p.m. <u></u>		Month <u></u> Day <u></u> Year <u></u>					
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>7:30 PM 11-6-60</u> to <u>5-16-61</u> and last saw her alive on <u>5-14-1961</u> Death occurred at <u>8:30 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. D. Payne MD R+3</u>				22b. ADDRESS <u>Fulton Mo</u>		22c. DATE SIGNED <u>5-19-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 19, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Callaway Mem. Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>		
24. FUNERAL DIRECTOR <u>Maupin Funeral Home</u>				ADDRESS <u>Fulton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 19-1961</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</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 Gene C. Maupin

Licensed Embalmer No. 5092

P. O. Address Fulton, Me

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.